M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09424

CERTIFICATE OF DEATH

Reg. Dist. No. 146 41

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3132 Dunglow Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 13 Eastship Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary G. Ackerman
4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1949

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: May 17, 1891
9. AGE last birthday: 58 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clarksburg, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George F. Mulheran
14. MOTHER'S MAIDEN NAME: Nora McDonnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: George F. Ackerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Melano Sarcoma of the rt orbit with generalized metastasis. — 1½ years

199.1 Antecedent cause(s)

55b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1948
19b. MAJOR FINDINGS OF OPERATION: Melano Sarcoma of the rt orbit
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Oct 7, 1949, that I last saw the deceased alive on Oct 7, 1949, and that death occurred at 4:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene F. Nevy M.D. — ADDRESS: 7001 Mornington Rd Dundalk Md. — DATE SIGNED: 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 11, 1949 — NAME OF CEMETERY OR CREMATORY: Moreland Park Cem. — LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: Oct 10, 1949 — REGISTRAR'S SIGNATURE: N. M. Kelly Jr. — 24. FUNERAL DIRECTOR — ADDRESS: Roland L. Fisher, Dundalk, Md.

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09425

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Codd Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 517 W. Joppa Road

3. NAME OF DECEASED (Type or Print) (First) ROSA (Middle) ELLEN (Last) ALLEN

4. DATE OF DEATH (Month) Oct. (Day) 14, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar. 17, 1865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Maryland Line, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Heathcote
14. MOTHER'S MAIDEN NAME Elizabeth Kohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	24 hours.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & Hypertension	mb.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1949, to Oct 13, 1949, that I last saw the deceased alive on Oct 13, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Towson-4-Md DATE SIGNED 10/15/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 16, 1949
NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.
LOCATION (City, town, or county) (State) Towson, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 10-15-49
REGISTRAR'S SIGNATURE [signature] Deputy Local
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH BC 09426

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 61 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 1518 Eutaw Place

3. NAME OF DECEASED (Type or Print)	(First) WILFRED	(Middle) R.	(Last) ALLEN	4. DATE OF DEATH	(Month) October (Day) 6, (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 1-27-06	9. AGE last birthday: 43 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Walter Allen	14. MOTHER'S MAIDEN NAME: Lottie Reiker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-2	16. SOCIAL SECURITY No.: ~~Unknown~~ 2[illegible]-03-3998	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	30 Days
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-6-, 1949, to 10-6-, 1949, ~~that I last saw the deceased alive on~~ and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Fort Howard, Md.	10-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10-10-49	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 10/7/49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Wm. Cook	ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH BC 09427

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Coke Ovens. B. Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 919 Appleton St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Anderson
4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 49

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH About 1922
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Futerman
10b. KIND OF BUSINESS OR INDUSTRY Beth Steel Co.
11. BIRTHPLACE (State or foreign country) Greenville Co. N. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Clarence Anderson
14. MOTHER'S MAIDEN NAME Rosie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lillian Anderson 919 Appleton St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture base skull (right) — INTERVAL BETWEEN ONSET AND DEATH: Immediate.

912.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture rt clavicle

176 (c) Crushed rt. upper chest & ribs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory. (CITY OR TOWN) Sparrows Pt. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 8 (Year) 1949 (Hour) 9:50 AM
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Caught by ram, between ovens.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Learmine M.D. Deptg Medical Examiner Balto. Co. Dundalk 22 Md 10/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-7-49
NAME OF CEMETERY OR CREMATORY Mt. Alburn Cemetery
LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. 10-10-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR William A. Jackson ADDRESS 914 Genna Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH BC 09428

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1644 N. Milton Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) P (Last) Baine
4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 3-26-06
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Baine
14. MOTHER'S MAIDEN NAME Mary Irvin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-3429
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	11 mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1948, to Oct 7, 1949, that I last saw the deceased alive on Oct 6, 1949, and that death occurred at 8.10 A. m., from the causes and on the date stated above.

SIGNATURE N A Bridges (Degree or title) ADDRESS M.D. Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Oct 10-49 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. Oct. 8, 1949 REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Jos J Herr & Son ADDRESS 3001 Kentucky ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09429

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Holmhurst

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 11 Holmhurst Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Rebecca Ellen Barcus.

4. DATE OF DEATH (Month) (Day) (Year) 10 12 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 15 1858
9. AGE last birthday 91 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Overholt.
14. MOTHER'S MAIDEN NAME Theresa Younkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Maryon Saulsbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	3 wks
Antecedent cause(s)		
410	(b) Mitral Valvular Disease	30 yrs (?)
92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chr. Hypertensive Cardio-Vascular Disease	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1949, to 10/12, 1949, that I last saw the deceased alive on 10/12, 1949, and that death occurred at 6.12 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilmer R. Gallager M.D. Catonsville-28, Md. 10/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/17/49
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) (State) Huntington Indiana

DATE REC'D BY LOCAL REG. 10/15/49
REGISTRAR'S SIGNATURE V. E. Harris
24. FUNERAL DIRECTOR Mac Nabb & Son ADDRESS Catonsville, Md.

RECEIVED
OCT 17 1949
BUREAU V. S.

Dr. Gratt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09430

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8908 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8908 Harford Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) S. (Last) Baumback

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Apr. 5-1867

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Margaret Myers - 8908 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio-Vascular dis.

422.1 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Oct. 8, 1949, that I last saw the deceased alive on Oct. 7, 1949, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Harold A. Gratt, M.D. 8100 Harford Rd. 10/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-11-49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 10-10-49 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Leonard J. Luck - 5305 Harford | ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09431

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland | LENGTH OF STAY (in this place) 141 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH FT.HOWARD,MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 5736 - 1st Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) BEITLER

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 6-19-87

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed (rtd salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Beitler

14. MOTHER'S MAIDEN NAME: Lillie Schweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clinical Records, VAH Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Spontaneous pneumothorax, lt.	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of Apical emphysematous bleb	6 mos.
	(c) Pul. tbc chr.	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. nephritis — unknown

002 12b

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from June 3, 1949 to Oct. 22, 1949, that I last saw the deceased alive on [illegible], and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: SAMUEL PINES, M.D. | ADDRESS: VAH FORT HOWARD, MD. | DATE SIGNED: 10-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/25/49 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): 3445 Frederick Av.e Balto.Md.

DATE REC'D BY LOCAL REG. 10/24/49 | REGISTRAR'S SIGNATURE H.W. Redrick JR | 24. FUNERAL DIRECTOR: Wm.J.Tickner North & Penna.Ave. | ADDRESS: Balto.Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

09432

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18
STREET ADDRESS (If rural, give location) 340 E. 23½ Street

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) (Last) BERKELEY

4. DATE OF DEATH (Month) October (Day) 25, (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 12-10-93

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Berkeley

14. MOTHER'S MAIDEN NAME Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Moderate aspiration pneumonia	1 day
705.5 Antecedent cause(s)		
109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Exfoliative dermatitis	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-25, 1949, to 10-25, 1949, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 5:05 P. m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh H.C. MANAUGH, M.D. (Degree or title) Chief Pro. Ser. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 10-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 10/28/1949 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 10/28/49 REGISTRAR'S SIGNATURE A W Hedrick DM

24. FUNERAL DIRECTOR Elroy Wilson ADDRESS Balto.,Md. 1000 Brady Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2621 Braun Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2621 Braun Ave

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) (Last) Bigalke

4. DATE OF DEATH (Month) Oct (Day) 15th (Year) 1949 1:15 p.m.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 25th 1888
9. AGE last birthday 61 yrs. If under 1 year: Months 4, Days 20; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Reamer
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Struder 2621 Braun Ave Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

444 Antecedent cause(s) (b) Auricular Fibrillation — 1 year

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Oct 15, 1949, that I last saw the deceased alive on Oct 15, 1949, and that death occurred at 1:15 p m., from the causes and on the date stated above.

SIGNATURE Paul Schmidt (Degree or title) M.D. ADDRESS 2301 Annapolis Rd DATE SIGNED 10/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/18/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REG. 10/18/49
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09434

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Rural, Baltimore Stemmers Run
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 hours

Hospital, institution, or street address where death occurred: Junction Back River Neck + Kent Roads

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rural, Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. Bay and Riverside Avenues
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Harrison Tongue Bostwick (Bostwick)

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Lula Caroline Bostwick Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 4, 187-? About 1875

8. AGE:	Years	Months	Days	If less than one day
About 74	70+ (?)	?	?	..... hrs. ..... min.

9. Birthplace Howard County, Maryland
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business None

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden name Not known
15. Birthplace Not known

18. Informant Mrs. Marie Poxleitner (Daughter)

Address Junction Back River Neck + Kent Rds

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 1. 1949 (month) (day) (year)

Cemetery or crematory Mt Carmel

Location Baltimore Md

18. Funeral director William Cole Jr

Address 1217 St Paul St.

19. Oct 31 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 October 1949 at 6 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 October 1949 to 29 October 1949 and that I last saw him alive on 29 October 1949

Immediate cause of death Cerebro-vascular hemorrhage, Right

Due to

Due to 331

Other conditions 830 Paralysis of throat

(Include pregnancy within 3 months of death)

DURATION
72 hours

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eugene R. Shanahan M D
M. D. or other

Address 1023 Eastern Ave. Balto Date signed 29 Oct 1949

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09435

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
LENGTH OF STAY (in this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1627 Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location) 1627 Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Boyd
4. DATE OF DEATH (Month) Oct (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 8, 1918
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY A&P Grocery
11. BIRTHPLACE (State or foreign country) Riderwood Md USA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry A. Boyd
14. MOTHER'S MAIDEN NAME Margaret Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Brother: James Howard Boyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease vascular; Coronary Occlusion Sudden	10/18/49
420.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, type not known	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from None 19__, to (Inquiry and inspection) 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 4:30 P.M. m., from the causes and on the date stated above.

SIGNATURE Bollin C. Hudson (Degree or title) MD. ADDRESS DMT. Towson Md DATE SIGNED 10/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 21, 1949
NAME OF CEMETERY OR CREMATORY Monte Marie Cemetery
LOCATION (City, town, or county) (State) TOWSON, Maryland

DATE REC'D BY LOCAL REG. 10/19/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR JOHN BURNS SONS, ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09436

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4212 Colonial Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 4212 Colonial Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Clyde	Boyer	Oct.	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 9, 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	B. & O. R.R. Dist. Claim Agent	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Robert Earl Boyer

14. MOTHER'S MAIDEN NAME: Katherine Ripley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Ora Lee Hicks Boyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremic Poisoning	2 days
422.2 Antecedent cause(s)	(b) Chronic Myocarditis & Nephritis	4 yrs.
1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General Physical Breakdown	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	---		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---			m.		

22. I hereby certify that I attended the deceased from Apr. 1, 1949, to Oct. 9, 1949, that I last saw the deceased alive on Oct 9, 1949, and that death occurred at 4 - P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. E. Nichols — ADDRESS Pikesville - 8, Md. — DATE SIGNED 10/10/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 13-49	Loudon Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/10/49 — REGISTRAR'S SIGNATURE D. E. Nichols

24. FUNERAL DIRECTOR — ADDRESS: Ulrich Funeral Home, 2008 Orleans St.

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09437

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 20 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 25 1. Rt. 147 Harewood Park (Bird River)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forely.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	G	Broom	Oct	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 14, 1895	54 yrs.	6	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Farmer		Baltimore County, Md.	USA

13. FATHER'S NAME: Laurence Brown

14. MOTHER'S MAIDEN NAME: May Gambrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	218-14-8827	Mrs. Howard G. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. McCarmine M.D.	Deputy Balto. Co.	Medical Examiner Dundalk 22 Md.	10/28/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	10/31/49	Perry Hall Methodist	Perry Hall, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/31/49	C. W. Hedgecock	Lassahn Funeral Home	7401 Belair Rd

VS. A15A

09438

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Reisterstown; LENGTH OF STAY (In this place) Elsa; HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 674 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) Neal (Middle) Allman (Last) Brown

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 23-1892

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Brown

14. MOTHER'S MAIDEN NAME: Ida Allman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War I Marine Corps.

16. SOCIAL SECURITY NO.: 214-03-5607

17. INFORMANT: Mary Maude Brown 674 Reisterstown Rd Pikesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide — Phenobarbital — Interval Between Onset and Death: Est 2-3 hrs

970.2 / 163b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Inguinal Hernia — 10 yrs.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION: none.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none - m.

INJURY OCCURRED While at work ☐ Not while at work ☐ none

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caples, M.D. (Degree or title) Med. Exam ADDRESS Reisterstown, Md DATE SIGNED 10-28-'49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-29-49 — NAME OF CEMETERY OR CREMATORY Mt. Olive — LOCATION (City, town, or county) (State) Randallstown, Md

DATE REC'D BY LOCAL REG. 10-30-49 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR Frank H. Newell, Pikesville, Md. ADDRESS

VS. A15A

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09439

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklinville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) L. (Last) Burk

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Apr. 6, 1871

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Gordon

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Chester Burk, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized arterial sclerosis	8 years
	(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1936, to Oct 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Fred O Hodous (Degree or title) MD ADDRESS Edgewood Md DATE SIGNED 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Oct 12, 1949 NAME OF CEMETERY OR CREMATORY Franklinville Presbyterian LOCATION (City, town, or county) Franklinville, Balto Co. (State) Md

DATE REC'D BY LOCAL REG. Oct 14-1949 REGISTRAR'S SIGNATURE C. E. Arthur Deputy Local Reg. 24. FUNERAL DIRECTOR Howard K. McComas & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09440

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 159 Riverside

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 159 Riverside

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) ALOYSIUS (Last) BYARD

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Jan. 10-1886 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Checker | 10b. KIND OF BUSINESS OR INDUSTRY: Longshoreman | 11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Byard | 14. MOTHER'S MAIDEN NAME: Elsek.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Henry Bittmann (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause steting the underlying cause last

(b) Osteo-arthritis — 2 years

(c) arterio-sclerotic Cardio Vascular disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Oct 12, 1949, that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: G. M. Baumgardner (Degree or title) M.D. | ADDRESS: Balto 6 Md | DATE SIGNED: 10-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10-15-49 | NAME OF CEMETERY OR CREMATORY: Sacred Heart | LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 10/14/49 | REGISTRAR'S SIGNATURE: Henry Kruse

24. FUNERAL DIRECTOR: John F. Connelly | ADDRESS: 418 Eastern Ave Balto - 21, Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09441

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 325 E Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point; STREET ADDRESS (If rural, give location) 325 E Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) A. (Last) Byrne

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 12, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward F. Kelly

14. MOTHER'S MAIDEN NAME: Elizabeth Livingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval between onset and death: 2 days

180 Antecedent cause(s)

520 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Carcinomatosis — 4 months

(c) Primary Carcinoma of Kidney? — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1949, to Oct 6, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE: Duncan L. Harbor (Degree or title) M.D. ADDRESS: Sparrows Point, Md. DATE SIGNED: 10/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 8, 1949 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: Oct 7-49 — REGISTRAR'S SIGNATURE: Duncan L. Harbor

24. FUNERAL DIRECTOR: Roland E. Fisher — ADDRESS: Dundalk, Md.

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OCT. 10 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10214

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1702 JOPPA ROAD (EAST)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 1702 E. JOPPA ROAD

3. NAME OF DECEASED (Type or Print) (First) LILLIE (Middle) MAY (Last) CANAPP

4. DATE OF DEATH (Month) OCT. (Day) 27, (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JULY 19, 1894
9. AGE last birthday 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME GEORGE FREDERICK ~~CANAPP~~ HEUBECK
14. MOTHER'S MAIDEN NAME MARTHA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS GEORGE EARL CANAPP

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	About
Antecedent cause(s)	(b) Generalized Carcinomatosis	a Year.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of Gall Bladder.	

155
46 f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 13 1949
19b. MAJOR FINDINGS OF OPERATION Ca of Gall Bladder spreaded to omentum. —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to Oct 27, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 11.30 A.m., from the causes and on the date stated above.

SIGNATURE C. E. Gonzalez (Degree or title) M.D. ADDRESS 8304 Harford Road DATE SIGNED 10/28/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Oct. 30, 1949
NAME OF CEMETERY OR CREMATORY PROVIDENCE METH. CEM.
LOCATION (City, town, or county) (State) PROVIDENCE, BALTO. CO., MD.

DATE REC'D BY LOCAL REG. 10/29/49
REGISTRAR'S SIGNATURE W. Carroll Van Horn Deputy Local
24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MARYLAND ADDRESS

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CLEVELAND U.S.A.

MARYLAND STATE DEPARTMENT OF HEALTH

09442

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 S. Beechwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 13 S. Beechwood ave

3. NAME OF DECEASED (Type or Print): (First) ANNie (Middle) E (Last) Carrol

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Sept. 27, 1859

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Stewart

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs Edward Hawkins 13 S. Beechwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene of L. Leg — Interval Between Onset and Death: 10 days

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio Vascular

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis Obliterans

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1949, to Oct 24 1949, that I last saw the deceased alive on Oct 24, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE James E Stowell (Degree or title) ADDRESS Catonsville Md DATE SIGNED 10/25

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 10-27-49
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county): Woodlawn (State): Md

DATE REC'D BY LOCAL REG. 10/26/49
REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR: George A. Farley, Fred + Shadyrook ADDRESS Ames

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OCT 28 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09443

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1702 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1702 E. Joppa Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EARL GEORGE CANAPP

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1949 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Alban Tractor Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl G. Canapp
14. MOTHER'S MAIDEN NAME: Alice Euiett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-03-5391
17. INFORMANT: Earl G. Canapp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Cardio - vascular disease — 3 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1949, to 10/8, 1949, that I last saw the deceased alive on 10/8, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: Gordon Gran — (Degree or title): MD — ADDRESS: 8523 Loch Raven Blvd. Towson, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 11, 1949 — NAME OF CEMETERY OR CREMATORY: Providence Cemetery — LOCATION (City, town, or county) (State): Providence, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 10/10/49 — REGISTRAR'S SIGNATURE: W. Carroll Van Horn, Deputy Local — 24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. — ADDRESS:

RECEIVED
NOV 4 1949
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09444

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland; STREET ADDRESS (If rural give location) 3 mi West of Freeland.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Jane (Last) Chaffman.

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow.

8. DATE OF BIRTH: Sept. 18, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Own home.

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nelson Hare.

14. MOTHER'S MAIDEN NAME: Matilda Fisher.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. James Zimmerman Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1947 to Oct. 1949, that I last saw the deceased alive on Oct. 14, 1949, and that death occurred at 8 (last) p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. Frances M'D Parkton Md. 10/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: October 18 1949 | NAME OF CEMETERY OR CREMATORY: Stiltz Cemetery | LOCATION (City, town, or county) (State): Glen Rock, R.D. Penna.

DATE REC'D BY LOCAL REGISTRAR: Oct 17 1949 | REGISTRAR'S SIGNATURE: Charles L. Preston | 24. FUNERAL DIRECTOR ADDRESS: Jacob Starkenstein, New Freedom, Pa.

VS. A15

RECEIVED
OCT 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09445

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Balto.

City or town Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No. 429 E. Pennsa. Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mabel Chaney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	M

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 - 1879

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
70				

9. Birthplace Liberty Town Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Benjman Jackson

13. Birthplace

MOTHER 14. Maiden name Henretta Penn

15. Birthplace

16. Informant Robert E Chaney

Address 429 E. Penna. Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-15-49 (month) (day) (year)

Cemetery or crematory Pleasant Rest

Location Towson

18. Funeral director Byron & Mamie Wright

Address 721 Aisquith St. Balto

19. 10/15 1949 [illegible] Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1949 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1949, to Oct 13 1949

and that I last saw h... alive on Oct 13 - 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 min.
Due to	
Due to	
Other conditions	

331

83a

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lucy A. Johnson M. D. or other

Address 2529 Guilford Ave Date signed Oct 15 1949

RECEIVED
NOV 4 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09446

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural); LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belfast Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural)
STREET ADDRESS (If rural give location) Belfast Road

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Brooks (Last) Chilcoat
4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1949
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb. 23, 1859
9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sparks Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Brooks
14. MOTHER'S MAIDEN NAME: Mary Goodwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: J. Earl Chilcoat, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — 3 wks

450,0 / 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - generalized — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Sept., 1949, to Oct., 1949, that I last saw the deceased alive on Oct., 1949, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

SIGNATURE: Walter T. Ives | (Degree or title) M.D. | ADDRESS Cockeysville, Md. | DATE SIGNED 7 Oct. '49

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF 10-8-49 | NAME OF CEMETERY, OR CREMATORY: Bonbys-Methodist | LOCATION (City, town, or county) (State): Sparks, Maryland

DATE REC'D BY LOCAL REG. 10-7-49 | REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR | ADDRESS: Landon M. Brady, Sparks, Md

RECEIVED
OCT 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09447

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hood Nursing Home 5313 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 1908 Alto Vista Ave. #7

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) ELIZABETH (Last) CLOUD

4. DATE OF DEATH: (Month) Oct. (Day) 9, (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 31, 1873

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Smithfield, Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David W. Smith

14. MOTHER'S MAIDEN NAME: Martha -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Marie Posey 1908 Alto Vista Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocardial Degeneration	3 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yr.
260 61	(c) Diabetes Mellitus	Uncertain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION: No Operation — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1946, to Oct 9, 1949, that I last saw the deceased alive on Oct 9, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Joshua H. Armacost — (Degree or title): MD — ADDRESS: 6419 Windsor Mill Road — DATE SIGNED: Oct 10 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/12/49 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 10-11-49 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09448

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural) | LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HUBER (Middle) RENOLDS (Last) COFIELL

4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1949

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 11-18-1879 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: House | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Andrew J Cofield | 14. MOTHER'S MAIDEN NAME: Sarah J Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) WWI | 16. SOCIAL SECURITY NO.: 216-10-4249 | 17. INFORMANT: Mrs H Renolds Cofield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Stokes-Adams Syndrome — ½ hour

420.0 Antecedent cause(s) 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease — 1 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to Oct 18, 1949, that I last saw the deceased alive on Sept 20, 1949, and that death occurred at 6:10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Maurice C. Porter Jr. M.D. Hampstead, Md 10/18/49

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Oct 20/49 | Halls Road chapel | Balto Co Md

DATE REC'D BY LOCAL REG. 10-18-49 | REGISTRAR'S SIGNATURE Mary B. Ehline | 24. FUNERAL DIRECTOR Edw Tipton | ADDRESS Hampstead Md

RECEIVED
OCT 22 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09449

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3019 Dunglow Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3019 Dunglow Road

3. NAME OF DECEASED (Type or Print) (First) Ferdinand (Middle) A. (Last) Coldehoff

4. DATE OF DEATH (Month) October (Day) 28, (Year) 1949

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH June 8, 1892

9. AGE last birthday 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer

10b. KIND OF BUSINESS OR INDUSTRY Western Electric

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Agnes A. Coldehoff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1949 Immediate cause (a) myxosarcoma of left acetabulum with metastases to liver and lung — Interval between onset and death: 2 years

Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1949

19b. MAJOR FINDINGS OF OPERATION myxosarcoma of left acetabulum

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to 28 Oct, 1949, that I last saw the deceased alive on 28 Oct., 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard W. Bond M.D. ADDRESS 2900 Dunran Rd. Dundalk Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Oct. 31, 1949 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Oct. 30-1949 REGISTRAR'S SIGNATURE W. M. Feely Jr.

24. FUNERAL DIRECTOR Roland L. Fisher ADDRESS Dundalk, Md.

RECEIVED
NOV 1 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 09450

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	L.	COLLERAN	Oct. 2, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	S	7/15/1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Claim Adj.		Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin	Sarah Kallahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI	Unknown	Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PNEUMONIA, LOBAR, RIGHT	10 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (490 / 108)	(b) PNEUMONIA, LOBAR, RIGHT	10 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/27, 1949, to 10/2, 1949, that I last saw the deceased alive on 10/2, 1949, and that death occurred at 21.10 A m., from the causes and on the date stated above.

SIGNATURE: C.B. Cope
(Degree or title): C.B. COPE, M.D.
ADDRESS: VAH, Fort Howard, Maryland
DATE SIGNED: 10/3/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/3/49	New Cathedral Cemetery	Baltimore, Mdaryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/2/49	A. W. Zedrich	Conklin Funeral Home, 924 E. Eager St. Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09451

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2720 Frederick Road

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Catherine (Last) Cook

4. DATE OF DEATH: (Month) Oct. (Day) 10, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-1903

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Catonsville, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Hahn

14. MOTHER'S MAIDEN NAME: Catherine Link

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Kenneth H. Cook, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast — Interval between onset and death: 4 months

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (b) Carcinoma of breast — 1 year
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Jan. 1949

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1949, to 10-10, 1949, that I last saw the deceased alive on 10-10, 1949, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Bunton M.D. ADDRESS Ellicott City, Md DATE SIGNED 10-10-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 10-13-49
NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Park
LOCATION (City, town, or county) (State): Dorsey, Md

DATE REC'D BY LOCAL REG. 10-12-49
REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md ADDRESS

VS. A15

RECEIVED
OCT 15 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09452

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) Manor Road

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) F. (Last) CORCORAN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1949 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 10, 1870
9. AGE last birthday 79 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christopher Corcoran
14. MOTHER'S MAIDEN NAME Cynthia Fowble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Melchor Corcoran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Oct 13, 1949 that I last saw the deceased alive on Oct 13, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Baltimore DATE SIGNED 10/14/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Oct. 15, 1949
NAME OF CEMETERY OR CREMATORY Trinity Episcopal Cem.
LOCATION (City, town, or county) (State) Long Green, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 10/14/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John Burns' Sons, ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1949
BUREAU V. S.

09453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 ADMIRAL BLVD.	STREET ADDRESS (If rural, give location) 39 ADMIRAL BLVD.

3. NAME OF DECEASED (Type or Print) (First) LUCY (Middle) (Last) COWLEY			4. DATE OF DEATH (Month) OCT. (Day) 17 (Year) 1949		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH AUG. 2, 1886	9. AGE last birthday 63 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ENGLAND	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JOSEPH CHARLESWORTH		14. MOTHER'S MAIDEN NAME SELENA LUCAS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT WILLIAM COWLEY			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the uterus c̄ generalized	2 yrs.
Antecedent cause(s)	(b) Metastasis	
174 48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension C-V-R Disease	10 yrs

19a. DATE OF OPERATION JUNE 21-1949	19b. MAJOR FINDINGS OF OPERATION Ca of uterus with metastasis to pelvic wall & Intestine	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1947, to Oct 17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 11 55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N B Davis MD		Dundalk 22 Md	10/19/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE OCT. 20 1949	NAME OF CEMETERY OR CREMATORY OAKLAWN CEMETERY	LOCATION (City, town, or county) BALTO. CO. (State) MD.
DATE REC'D BY LOCAL REG. Oct 19-1949	REGISTRAR'S SIGNATURE W. M. Kelly Jr.	24. FUNERAL DIRECTOR ROLAND L. FISHER	ADDRESS DUNDALK, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09454

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 20 yrs 2 mos 18 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland P.O.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) NORMA (Middle) E (Last) Davidson

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: May 1922 | 9. AGE last birthday: 27 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Norman L. Davidson | 14. MOTHER'S MAIDEN NAME: Marcella S. Lake.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Rosewood State School Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 2 dys.

490 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
108
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Arrested Development & Epilepsy 20 yrs+

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1938, to Oct. 26, 1949, that I last saw the deceased alive on Oct. 25, 1949, and that death occurred at 12 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Isabel H. McClinton M.D. | Rosewood School, Owings Mills Md | Oct. 26. 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-28-49 | NAME OF CEMETERY OR CREMATORY: Lorraine Park | LOCATION (City, town, or county): Woodlawn | (State): Md

DATE REC'D BY LOCAL REG. 10/27/49 | REGISTRAR'S SIGNATURE: A.W. Hedrick | 24. FUNERAL DIRECTOR: D. Howard Strong | ADDRESS: 3207 W. North Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 09455

Reg. Dist. No. 4X

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 62 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.	STREET ADDRESS (If rural, give location): 511 W. Hoffman St.,

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) D. (Last) DAVIS			4. DATE OF DEATH (Month) 10/23 (Day) (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: 1/22/14	9. AGE last birthday: 35 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Columbia, South Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Davis			14. MOTHER'S MAIDEN NAME: Lula Craddock		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW II		16. SOCIAL SECURITY No. 218-03-8950	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hospital, Ft. Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	9 Months
4222 Antecedent cause(s)	Interventricular septal defect Congenital	Congenital
157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, etiology undetermined	9 Months?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Phthisis bulbi with opacities of cornea, rt. eye	6 Months
	Amaurosis, right	6 Yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-23-49, 19....., to 10-23-, 19 49, ~~that I last saw the deceased alive on ....., 19....., and that~~ death occurred at 12:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft. Howard, Md.	10-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10-27-49	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 10-25-49	REGISTRAR'S SIGNATURE: A. W. Hadrick	24. FUNERAL DIRECTOR: Kelson Funeral Home, Balto., Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09456

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Blvd & Caton ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tobytown
STREET ADDRESS (If rural, give location) Germantown Md R F D

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) (Last) Davis
4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 22 1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Junk
11. BIRTHPLACE (State or foreign country) Montgomery Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henson Davis
14. MOTHER'S MAIDEN NAME Maggie Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Maggie Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) fractured neck, fractured

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull - Crushed chest

170c (c) accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Automobile accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street highway (CITY OR TOWN) Lansdowne (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Oct (Day) 28 (Year) 49 (Hour) 12 m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Auto collision while driving auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. W. Kieffer MD Asst Med Exam Balto Co 1010 Leeds ave Oct. 28 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 31 49
NAME OF CEMETERY OR CREMATORY Toby Tower
LOCATION (City, town, or county) Montgomery Co (State)
DATE REC'D BY LOCAL REG. Oct 28 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 29 1949
BUREAU V. S.

09457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville, Md. LENGTH OF STAY (in this place) 24 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 9205 Harford Road

3. NAME OF DECEASED (Type or Print)	(First) LAWRENCE	(Middle) E.	(Last) DENN	4. DATE OF DEATH	(Month) Oct.	(Day) 27th,	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 2nd, 1903	9. AGE last birthday 46 yrs.	If under 1 year Months 5	Days 25	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Mgr.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME James E. Denn	14. MOTHER'S MAIDEN NAME Catherine E. Chipley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-05-6260	17. INFORMANT Mrs. Lawrence E. Denn					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 wks.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Essential Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May, 1946, to ~~May~~ Oct. 27, 1949, that I last saw the deceased alive on Oct. 27, 1949, and that death occurred at 3 40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathan Janney	MD.	7101 Harford Rd. Baltimore 14, Md.	

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 10/31/49	NAME OF CEMETERY OR CREMATORY Chestnut Grove	LOCATION (City, town, or county) Balto. Co.	(State) Md
DATE REC'D BY LOCAL REG. 10-31-49	REGISTRAR'S SIGNATURE H. M. Hammett	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

09458

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp. Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALONZO (Middle) (Last) DORSEY
4. DATE OF DEATH (Month) October (Day) 30 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-23-92
9. AGE last birthday 57 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Worton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ALEC DORSEY
14. MOTHER'S MAIDEN NAME Rose Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin. Rec.,Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive cardiovascular disease - Grade IV	At least 3 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1949, to 10-30-, 1949, that I last saw the deceased alive on 10-30-, 1949, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE C. E. Shaw, M.D. (Degree or title) ADDRESS VAH Fort Howard, Md. DATE SIGNED 10- 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 3, 1949
NAME OF CEMETERY OR CREMATORY Church Cemetery-Mt. Oliver
LOCATION (City, town, or county) AME Butler Town, (State) Maryland
DATE REC'D BY LOCAL REG. Oct. 30-1949
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR Marvin Williams Washington Ave. ADDRESS Balto.Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09459

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River, Md. — LENGTH OF STAY (In this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River, Md.
STREET ADDRESS (If rural give location): 20 Dahlia Lane

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Joseph (Last) Dotterweich

4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 12, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months 4, Days 9, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ink mixer

10b. KIND OF BUSINESS OR INDUSTRY: Md. Color Print

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis Dotterweich

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-01-7514

17. INFORMANT: Mrs. Francis J. Dotterweich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
420.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio Vascular disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Oct 16, 1949, that I last saw the deceased alive on Oct 16, 1949, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. M. Baumgardner M.D — ADDRESS: 20 Dahlia Lane Balto 20 — DATE SIGNED: 10-16-49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 10/19/49 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/17/49 — REGISTRAR'S SIGNATURE: A.W. Hedrick — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

09460

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place) Since 6-7-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2829 Hudson Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	J	Duda	10 - 12 - 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White		July 7, 1901	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Funeral Director	Undertaking	Baltimore - Maryland	America

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J. Duda	Antonette Dzieglzic

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

002

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Since about January 1945

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 7, 1949, to Oct. 12, 1949, that I last saw the deceased alive on October 11, 1949, and that death occurred at 10:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
W. A. Bridges	M.D. Eudowood Sanatorium, Towson 4, Md.	10-12-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 17-1949	Holy Redeemer	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 15. 1949	R. W.	Geo. R. Beyer Jr	1512 Hollins St

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09461

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6 | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bet 41&2 - Rt. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh, Md.
STREET ADDRESS (If rural give location) Rt. 2 Box 416 Baltimore 6 Md

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) JACOB (Last) East

4. DATE OF DEATH: (Month) Oct. (Day) 22nd (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 12, 1891

9. AGE last birthday: 58 yrs. | If under 1 year: Months 3 Days 10 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): motion picture operator

10b. KIND OF BUSINESS OR INDUSTRY: Theatrical

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry East

14. MOTHER'S MAIDEN NAME: Mary L. Needer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-4235

17. INFORMANT: wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral haemorrhage	2 hours
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934	(b) Pulmonary hypertension; cor pulmonale	15 years?
	(c) Pulmonary sensfohyaema; cysts of lung	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure; generalarteriosclerosis 6 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY: Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN): — | (COUNTY): — | (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 3, 1942, to Oct. 22, 1949 that I last saw the deceased alive on Aug 19, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harvey L. Fuller MD | ADDRESS: Ridge Road, Baltimore 6 | DATE SIGNED: Oct 22/49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 10/25/49 | NAME OF CEMETERY OR CREMATORY: Baltimore | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Oct. 24-1949 | REGISTRAR'S SIGNATURE: Mrs G. L. Reifsnider | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd.

VS. A15

RECEIVED
OCT 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09462

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 yrs. 2 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe -
STREET ADDRESS (If rural, give location) 5518 Linid Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Ewald

4. DATE OF DEATH: (Month) Oct. (Day) 5th. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1-31-1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Ewald

14. MOTHER'S MAIDEN NAME: Sarah Anna Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-0730

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Geo. McLieffer Jr. M.D. Captain Edwin Ball Co 1010 Leadenhall St 10/7/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/7/49 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 10/7/49 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS W. Cook Inc. 1217 St. Paul St.

98

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09463

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) Hugh (Last) Fallon

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/27/82

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Chemist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James H. Fallon

14. MOTHER'S MAIDEN NAME: Aydia Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Leo H. Fallon 2526 Yorkway Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	
592 Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Heart Disease	4 years
	(c) Chronic Nephritis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus (mild) — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 11 April, 1949, to 2 Oct, 1949, that I last saw the deceased alive on 1 Oct, 1949, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Morrison — ADDRESS: 2534 Yorkway, Dundalk 22, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/5/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/3/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: H. H. Mears and Son — ADDRESS: 805 N. Calvert St

98

09464

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Turners Station Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Turners Station (If outside city or town limits, write RURAL and give nearest town)

Street No. 620 Main St. Dundalk 22 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Curtis Lee Friend

3. (b) Social Security Number:

4. Sex: M

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): 8 yrs. Aug 1941

8. AGE: Years 8 Months 2 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name: Milton Friend

13. Birthplace: Va

MOTHER: 14. Maiden name: Mabel Lee

15. Birthplace: Va

16. Informant: Mabel Friend

Address: Mother

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-22-49 (month) (day) (year)

Cemetery or crematory: Mt Calvary Cem

Location: A. A. Co

18. Funeral director: Rayner Sanders

Address: 1412 E Preston St

19. 10-21 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 20th 1949 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 5th 1949 to October 20th 1949 and that I last saw him alive on October 20th 1949

Immediate cause of death: Broncho pneumonia — DURATION: 2 wks

Due to

Due to

Other conditions: 491 107 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: H. Thomas MD. M. D. or other

Address: Turners Sta Md Date signed 10/20/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09465

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 36 yrs. 2mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) GELTZER

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1873

9. AGE last birthday: 76 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: ———

14. MOTHER'S MAIDEN NAME: ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ———

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial infarction — Interval between onset and death: ½ hour

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic arteriosclerotic cardio-vasoular disease — indef.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1913, to Oct. 29, 1949, that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) Isadore Tuerk, M.D. ADDRESS Spring Grove State Hosp. Catonsville-28, Md. DATE SIGNED 10-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 11-10-49 | NAME OF CEMETERY OR CREMATORY: Univ. Of Md. Med. School | LOCATION (City, town, or county) (State)

DATE RECD BY LOCAL REG.: Nov. 16, 1949 | REGISTRAR'S SIGNATURE: A. W. Nedrich | 24. FUNERAL DIRECTOR: Univ. of Md. Med. School | ADDRESS

1

oradio

MARYLAND STATE DEPARTMENT OF HEALTH

09466

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: BALTO. · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WATERS OF BULLNECK CREEK REAR OF 8128 BULLNECK RD

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 8100 CORNWALL RD.

3. NAME OF DECEASED (Type or Print): (First) E (Middle) HADEN (Last) GENTRY JR.

4. DATE OF DEATH: (Month) OCT. (Day) 12 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: FEB 23, 1943

9. AGE last birthday: 6 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL BOY

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: E. HADEN GENTRY

14. MOTHER'S MAIDEN NAME: LYDIA C. NEWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: E. HADEN GENTRY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental.

(c)

850.8
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: BULLNECK CREEK (CITY OR TOWN): DUNDALK (COUNTY): BALTO (STATE): MD.

TIME OF INJURY (Month) (Day) (Year) (Hour): 10/12/49 2:45 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? FELL OUT OF ROW BOAT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS: Balto Co. Dundalk 2, Md DATE SIGNED: 10/12/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 10/15/49

NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL

LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: Oct. 14, 1949

REGISTRAR'S SIGNATURE: W. M. Daley Jr.

24. FUNERAL DIRECTOR: ROLAND L. FISHER

ADDRESS: DUNDALK, MD

VS. A15A

RECEIVED
OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09467

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Bond Ave.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Goodwin

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 18, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward H.C. Goodwin

14. MOTHER'S MAIDEN NAME: Mary Peterson VanBibber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary Goodwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHO-PNEUMONIA — 24 hrs.

422.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) THROMBOANGITIS OBLITERANS — 6 mos.

(c) ARTERIOSCLEROTIC C.V. DISEASE — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DECEMBER, 1948, to Oct. 8, 1949, that I last saw the deceased alive on OCTOBER 8, 1949, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: REISTERSTOWN, MARYLAND DATE SIGNED: 10/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 11, 1949 — NAME OF CEMETERY OR CREMATORY: All-Saints — LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 10-10-49 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS. A15

RECEIVED
OCT 19 1939
BUREAU V. S.

09468

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 N. Marylin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paula (Middle) Guntensperger (Last)
4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 49
5. SEX Female
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH about 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Louise Buerer - 3807 Fort Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. McCarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md. 10/9/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/12/49
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Colgate Md
DATE REC'D BY LOCAL REG. 10-11-49
REGISTRAR'S SIGNATURE A. W. [illegible]
24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 2098 Orleans St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09469

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 North Essex Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 4 North Essex Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Dr. Thomas Brien Haigley

4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 2, 1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Haigley
14. MOTHER'S MAIDEN NAME Agatha O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW 11 (If yes, give war or dates of service) 1939 1946
16. SOCIAL SECURITY NO. 218-26-0058
17. INFORMANT Mrs. Margaret Hebb Haigley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Self-administration of Morphine	—
970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Barbiturates	
163b	(c) Depressive Psychoses	—

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) ADDRESS Dept Med. Examiner — Dundalk-on-Md. DATE SIGNED 10/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 14, 49
NAME OF CEMETERY OR CREMATORY Balto. National Cem
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 10-13-49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 09470

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I T

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3133 Ravenwood Ave, ✓

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) G. Hamlin (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 13, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Cith of Baltimore

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Harrell

14. MOTHER'S MAIDEN NAME: Catherine (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Joseph Osborne, 3133 Ravenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial dilatation & failure — 12 hours

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria sclerosis generalized — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 12 Aug., 1949, to 3 Sept., 1949, that I last saw the deceased alive on 3 Sept., 1949, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stephen Lee Magness MD — Catonsville 28, Md — 10-4-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10/6/49

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.: 10/5/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: William Cook, Inc., 1217 St. Paul St.

ADDRESS:

8

Evidence for change in 8 shown on:

FILM No. G 122 OCT 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09471

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WESLEY (Last) HARMAN

4. DATE OF DEATH (Month) Oct. (Day) 12, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 13, 1864
9. AGE last birthday 84 yrs. If under Months — 1 year Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Sunnybrook, Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Harman
14. MOTHER'S MAIDEN NAME Mary Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Ada Parks Harman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 4 weeks

611 Antecedent cause(s) (b) Chronic Prostatitis. General Arteriosclerosis

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1st, 1949, to Oct 12th, 1949, that I last saw the deceased alive on Oct 11th, 1949, and that death occurred at 11.00 A.m., from the causes and on the date stated above.

SIGNATURE Daniel of St. Thos. (Degree or title) Jennifer M.D. ADDRESS Towson 4 Md. DATE SIGNED 10/13/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Oct. 15, 1949
NAME OF CEMETERY OR CREMATORY Sater's Baptist Cem.
LOCATION (City, town, or county) (State) Lutherville, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 10-15-49
REGISTRAR'S SIGNATURE Wilmer C. Ensor
24. FUNERAL DIRECTOR JOHN BURNS' SONS, ADDRESS TOWSON, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1949
BUREAU V. S.

09472

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4B Beaumont ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 4B Beaumont ave

3. NAME OF DECEASED (Type or Print) (First) Cara (Middle) Lyle (Last) Harris

4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Nov 15 1871
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Madison W Harris
14. MOTHER'S MAIDEN NAME Leonora Sloan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Sanford M Kanady

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo J McKieffer MD Deputy Exam Balto Co
ADDRESS 1010 Leeds ave Balto Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/11/49
NAME OF CEMETERY OR CREMATORY St. Johns Cem.
LOCATION (City, town, or county) (State) Ellicott City Md.

DATE REC'D BY LOCAL REG. 10/11/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 13 1949
BUREAU V. S.

09473

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7629 Old Battle Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7629 Old Battle Grove Rd.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Hebel Jr. (Last)

4. DATE OF DEATH (Month) October (Day) 9, (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Sept. 24, 1887
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John S. Hebel
14. MOTHER'S MAIDEN NAME Delilah Warfel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Victor Hebel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	2 years
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary atherosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1946 to 9 Oct., 1949, that I last saw the deceased alive on 8 Oct, 1949, and that death occurred at 9:30A. m., from the causes and on the date stated above.

SIGNATURE B W Dowd (Degree or title) M. D. ADDRESS 2900 Dunbar Rd. DATE SIGNED 10 Oct. 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE ✓
NAME OF CEMETERY OR ~~CREMATORY~~ New Danville Menonite Church
LOCATION (City, town, or county) Lancaster, (State) Pa.

DATE REC'D BY LOCAL REG. Oct 10, 1949
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 12 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09474

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 Plymouth Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 608 Plymouth Rd

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) C. (Last) Hesselbacher
4. DATE OF DEATH (Month) Oct (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Mens Hats Inc
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles C Hesselbacher
14. MOTHER'S MAIDEN NAME dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs John E Streett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo M. Kieffer MD (Degree or title) Dep. Med. Exam. Balto. Co. ADDRESS 1010 Leeds Ave DATE SIGNED Oct 16. 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Oct 20, 1949
NAME OF CEMETERY OR CREMATORY Loudon PARK
LOCATION (City, town, or county) BALTO. (State) Md.

DATE REC'D BY LOCAL REG. 10-20-49
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR Harry H. Wilke ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 21 1949
BUREAU V. R.
RECEIVED
1949

MARYLAND STATE DEPARTMENT OF HEALTH

09475

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 10 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 4105 Essex Rd.

3. NAME OF DECEASED (Type or Print): (First) Theresa — (Middle) -- — (Last) Hillen

4. DATE OF DEATH: (Month) Oct. (Day) 15, (Year) 19 49.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: about 1879

9. AGE last birthday: 70 ? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Anna R. Hall 4500 Park Hghts. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: ?

422.1 Antecedent cause(s) (b) arterio Sclerosis — ?

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured right Fib — 5-6-49

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 19 49, to Oct 15, 19 49, that I last saw the deceased alive on Oct 13, 19 49, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr E E Nichols — ADDRESS: Pikesville Md — DATE SIGNED: 10-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-18-49 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Oct 15 49 — REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR: C. Vernon Lemmon — ADDRESS: 4611 Park Hghts. Ave.,

VS. A15

RECEIVED
OCT 15 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09476

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 3 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 746 George Street

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) (NMI)	(Last) HOARD	4. DATE OF DEATH	(Month) October (Day) 25, (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marr-Sep.	8. DATE OF BIRTH: 1-13-93	9. AGE last birthday: 56 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Hauling	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Knoxsville, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Hoard	14. MOTHER'S MAIDEN NAME: Ella Johnson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis — Unknown

592 Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 10-22-, 1949, to 10-25-, 1949, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Norman Oliver NORMAN OLIVER, M.D.		VAH, Ft. Howard, Md.	10-25-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Oct. 31, 1949	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 10/28/49	REGISTRAR'S SIGNATURE: H W Heduck	24. FUNERAL DIRECTOR: Katie Williams, Baltimore, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09477

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place): 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Broadway Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural, give location): Broadway Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) H. (Last) Hoffman

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 30, 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Brass worker

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry C. Hoffman

14. MOTHER'S MAIDEN NAME: Christinia Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Viola Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
420.1 Antecedent cause(s)	Chronic Myocarditis	Apr. 1949
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1949, to Oct. 27, 1949, that I last saw the deceased alive on Oct. 27, 1949, and that death occurred at 7:45 A. m., from the causes and on the date stated above.

SIGNATURE: C E Nichols (Degree or title) MD — ADDRESS: Pikesville-8, Md. — DATE SIGNED: 10/27/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: 10-29-49 — NAME OF CEMETERY OR CREMATORY: Carroll Chapel — LOCATION (City, town, or county): Balto. Co. — (State): Md.

DATE REC'D BY LOCAL REG. 10/27/49 — REGISTRAR'S SIGNATURE: C E Nichols

24. FUNERAL DIRECTOR: Austin Donovan — ADDRESS: 3818-Roland Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 09478

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 25 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 3433 Kenyon Avenue

3. NAME OF DECEASED (Type or Print)	(First) LOUIS	(Middle) A.	(Last) HOGAN	4. DATE OF DEATH	(Month) October (Day) 3, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5-19-1893	9. AGE last birthday 56 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Money Order Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Forest City, Pa.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Hogan		14. MOTHER'S MAIDEN NAME Abbie Faulkner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarct of brain stem	1 Hour
Antecedent cause(s)	(b) Hypertension	1 Year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

332

836

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that ~~I~~ VA attended the deceased from 9-8-49, 19....., to 10-3-49, 19....., ~~that I last saw the deceased alive on ..... 19....~~ and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft. Howard, Md.	10-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10/6/49	NAME OF CEMETERY OR CREMATORY Meadow Ridge Memorial	LOCATION (City, town, or county) Wash. Blvd (State) Elkridge Md
DATE REC'D BY LOCAL REG. 10/5/49	REGISTRAR'S SIGNATURE A.W. Hagnich	24. FUNERAL DIRECTOR Mildred L Blight	ADDRESS 6009 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09479 Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 111 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1605 Lawrence St.

3. NAME OF DECEASED (Type or Print): (First) GUESS (Middle) (Last) HOLLAND

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 5/25/1893

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Holland

14. MOTHER'S MAIDEN NAME: Sarah Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-22-6620

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peritonitis	Unknown
540.1 **Antecedent cause(s)**		
117a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of gastric ulcer	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction
Arteriosclerotic occlusion of coronary arteries — 2 Yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1949, to 10-9, 1949, that I last saw the deceased alive on [illegible], 1949, and that death occurred at 8:06 A.m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh — (Degree or title): H.C. MANAUGH, M.D. — ADDRESS: Chief Pro. Ser. VAH, Ft. Howard, Md. — DATE SIGNED: 10-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/12/49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/12/49 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Madison Ave., Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09480

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ohitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md | COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Edmondson Ave

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) Albert (Last) Holter

4. DATE OF DEATH: (Month) Oct (Day) 31st (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Separated	about 1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Building	Balto. Co. Md.	

13. FATHER'S NAME: William Holter

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Eugene A. Holter Jr. 1602 E. Lanvale st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis with Congestive Failure	2 mo.
422.2 Antecedent cause(s)		
93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No.	No	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct. 27, 1949, to Oct. 30, 1949, that I last saw the deceased alive on Oct. 30, 1949, and that death occurred at ---- m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. Lloyd Johnson		Catonsville, Md	Nov. 1-'49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/3/49	Mt Maria	Towson	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-2-49	L	Wilhelm & Son	1214 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09481

CERTIFICATE OF DEATH

Reg. Dist. No. 37

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; MARYLAND; LENGTH OF STAY (in this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Homes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Kenly (Last) Hufman

4. DATE OF DEATH: (Month) 10 (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan 13-1870

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Dept Store

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank B Kenly

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Laura M Schroeder - per C. P. Tipton Charge nurse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertension

(c) Chronic Vascular Desease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1941, to October., 1949, that I last saw the deceased alive on October 7, 1949, and that death occurred at 1.15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Solomon Sherman M.D. 2424 Eutaw Place Baltimore 2nd

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 10-11-1949 | NAME OF CEMETERY OR CREMATORY Spesutea P.E. Cemetery | LOCATION (City, town, or county) (State) Perryman-Harford Co- Md

DATE REC'D BY LOCAL REG. 10-9-49 | REGISTRAR'S SIGNATURE Laura M Schroeder Per C. P. Tipton Charge nurse | 24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS

VS. A15

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09482

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Madeline Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 21 Madeline Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM C. HURLEY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26th 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Mar. 25, 1886

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: G.E. Supply Corp.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hurley

14. MOTHER'S MAIDEN NAME: Henrietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 215-09-8741

17. INFORMANT: Mr. William Hurley-son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
331 Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis with	7 yrs.
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1949, to Oct 26, 1949 that I last saw the deceased alive on Oct 26th, 1949, and that death occurred at 8:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward A Benson ADDRESS DATE SIGNED 10/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF 10/28/49 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. Oct. 27-1949 | REGISTRAR'S SIGNATURE Mrs G.L. Reynolds

24. FUNERAL DIRECTOR: Lansdale Funeral Home | ADDRESS: 7401 Belair Rd.

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09483

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Kinship Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 2913 Cornwall Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JACK	VINCENT	INSINGA	October 21, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		Sept. 15, 1949	yrs.	1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Co., Md.	

13. FATHER'S NAME: Paul Insinga
14. MOTHER'S MAIDEN NAME: Frances Scenato
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul Insinga

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital heart disease (coarctation of aorta)	
454.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
759e	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George G. Merrill	MD	700 Fleet St., Baltimore 2, Md.	October 21, 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 22, 1949	Sacred Heart	Baltimore Co., Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 22, 1949	W. M. Kelly Jr.	Roland L. Fisher, Dundalk, Md.	

VS. A15A

RECEIVED
OCT 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

09484

PRC.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 13 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 1007 S. Sharp Street

3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle)	(Last) JACKSON	4. DATE OF DEATH	(Month) October (Day) 3, (Year) 49
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married-Sep.	8. DATE OF BIRTH 3-29-91	9. AGE last birthday 58 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Napoleon Jackson		14. MOTHER'S MAIDEN NAME Elzina Brian			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. 212-05-8256	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Liver	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

156.1
46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-20-49, 19....., to 10-3-49, 19....., ~~that I last saw the deceased~~ ~~alive on~~ ~~19~~, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft.Howard, Md.	10-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 10-7-1949	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 10/7/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Katie Williams,	ADDRESS Baltimore, Md.

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09485

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium Towson RD — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pots Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium, Towson RD
STREET ADDRESS (If rural, give location) Pots Spring Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Jaffray

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married — 8. DATE OF BIRTH: May 2, 1894 — 9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Farm work — 11. BIRTHPLACE (State or foreign country): Scotland — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT: Mrs John Jaffray (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974 **Immediate cause** (a) Suicide, by hanging — Sudden — 10/3/49

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Depression — 6 mo a max
(c) Hyperthyroidism — 6 mo a max

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Under care for hyperthyroidism Dr. W. Kees, Coeyville Md — May-Oct, 1949

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Collins G. Hudson M.D., D.M.E. Towson Md — 10/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: Oct. 5, 1949 — NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEMETERY — LOCATION (City, town, or county) (State): TOWSON, MARYLAND

DATE REC'D BY LOCAL REG. 10/4/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09486

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
STREET ADDRESS (If rural, give location): Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WESELEY (Last) JOHNSON

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 25, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Matthew Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otis Johnson

14. MOTHER'S MAIDEN NAME: Emma Ruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Laura Johnson Chase, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Parenchymatous Nephritis & uremia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Regurgitation & enlarged liver (chronic)	one year
	(c)	

410
124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to Oct 16, 1949, that I last saw the deceased alive on Oct 16, 1949, and that death occurred at 6.30 P.m., from the causes and on the date stated above.

SIGNATURE: Ralph J Young (Degree or title): MD ADDRESS: 1429 E Monument St Balt Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/20/1949
NAME OF CEMETERY OR CREMATORY: Sharp Street
LOCATION (City, town, or county) (State): Chase, Maryland

DATE REC'D BY LOCAL REG.: 10-19-49
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

CERTIFICATE OF DEATH

Registered No. 30

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edgar S. Johnson

2. DATE OF DEATH: Oct 14 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Opitz Home

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Opitz Home

c. Length of stay in Baltimore: 5 Yrs. Mos. Days

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2711 Baker St Baltimore Md

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		Mar 30 - 1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Retired Self.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Johnson

14. MOTHER'S MAIDEN NAME: Mary E. Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-07-4733

17. INFORMANT: Mrs. Miss Mary E. Johnson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cardio-vascular Renal Disease	6 mos.
DUE TO		
442 ANTECEDENT CAUSES	(B) Arteriosclerosis	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
131a	(C) Hypertension	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1948 *to* Octber 14, 1949, *that I last saw the deceased alive on* Oct 13., 1949, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr Walter Spurrier MD M. D.

23B. ADDRESS: 3603 Edmondson Ave

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE: Oct 17/49

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemet

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: 10/17/49

REGISTRAR'S SIGNATURE: A.W. Hedrick Dm

25. FUNERAL DIRECTOR: Chas P. Towell ADDRESS: 2427 Edmondson Ave.

VS 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09488

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 24 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): Oriole Avenue

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) F.	(Last) JONES, JR.	4. DATE OF DEATH	(Month) October	(Day) 18,	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 9-2-1900	9. AGE last birthday: 49 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipyard worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Fall River, Mass.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: John Francis Jones	14. MOTHER'S MAIDEN NAME: Mary Fitzpatrick						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-2	16. SOCIAL SECURITY No.: 213-09-3135	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	3 Days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Obstructive jaundice, probably secondary to	5 Days
	(c) Carcinoma, metastatic, probably bronchogenic	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Avitaminoses	Unknown
	Alcoholism	Unknown

162
47C

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that VA attended the deceased from 9-24-, 1949, to 10-18-1949, ~~that I last saw the deceased alive on 19 and that~~ death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft. Howard, Md.	10-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Oct. 21-49	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 10/21/49	REGISTRAR'S SIGNATURE: Henry Ausse	24. FUNERAL DIRECTOR: John G. Connelly	ADDRESS: 418 Eastern Ave Balto.; 21, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09489

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Twin River Beach — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Birdale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Twin River Beach
STREET ADDRESS (If rural, give location) Box 251 Route 14 Zone 20

3. NAME OF DECEASED (Type or Print): (First) George (Middle) R. (Last) Judge

4. DATE OF DEATH: (Month) Oct (Day) 28th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) ~~Married~~

8. DATE OF BIRTH: Feb. 23 1883

9. AGE last birthday: 66 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Sewing machine adj.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Judge

14. MOTHER'S MAIDEN NAME: Sarah Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-05-2179

17. INFORMANT: Mrs. Mary Judge (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 3 days

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Cardio-Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Oct 28, 1949, that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 6.45 P m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs — (Degree or title) M.D. — ADDRESS: 617 North Point Road Essex Md. — DATE SIGNED

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial — DATE: 10/31/49 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 10/31/49 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09490

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 106 N. Stuart Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 106 N. Stuart Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) E. (Last) KAELBER

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10/26/1890

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Sergeant

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.Wash.D.C.

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Kaelber

14. MOTHER'S MAIDEN NAME: Mary Rode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-07-5693

17. INFORMANT: Mrs. Louise Kaelber 106 N. Stewart Ave. Essex, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Congestive Heart Failure — Interval Between Onset and Death: 7 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 7 mos

420.1
93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1947, to Oct 19, 1949, that I last saw the deceased alive on Oct 19, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Amendelis MD ADDRESS: 651 N Bentalou St DATE SIGNED: 10/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10.22.49
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 10/21/49
REGISTRAR'S SIGNATURE: W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09491

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sparrows Point; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Penwood Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sparrows Point; STREET ADDRESS (If rural, give location) Penwood Terrace

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Kaminski

4. DATE OF DEATH: (Month) October (Day) 5, (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid.

8. DATE OF BIRTH: Nov. 1, 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adamski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: John Kaminski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval Between Onset and Death: Sudden

416 Antecedent cause(s)

95b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Rheumatic Heart Disease — 20-30 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1947, to Oct, 1949, that I last saw the deceased alive on Sept. 25, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title): M.D ADDRESS: Sparrows Point, Md DATE SIGNED: 10-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Oct. 8, 1949 NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REGR.: Oct. 7-49 REGISTRAR'S SIGNATURE: Dawson L. Harker

24. FUNERAL DIRECTOR: Roland L. Fisher ADDRESS: Dundalk, Md.

RECEIVED.
OCT 10 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09492

FILM No. G 122 OCT 20 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1304 Beechwood Rd.	STREET ADDRESS (If rural, give location) 1304 Beechwood Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELLEN	LAMAR	Oct.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	12-5-1898	50 50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Canada	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Gallant	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Mr. Carroll Lamar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach	10/1/49
Antecedent cause(s)	(b) Gastric ulcer	10/1/49
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

196 55b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/1/48	Early Ca of stomach,	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Apr, 19[illegible] to Oct 7, 19 49, that I last saw the deceased alive on 10/7, 19 49, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 10/8/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Oct. 8-49	Burial	Reading Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/14/49	Henry Cuna	John J. Connell	418 Eastern Ave Balto., 21, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09493

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville - rural
LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Rosalie	M.	Lang		10	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	Widowed	Jan. 11-1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walther	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO			Mrs. Arnold F. Gebler, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary Edema	1 week
450.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Congestive Heart Failure	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 10-22, 1949, to 10-29, 1949, that I last saw the deceased alive on Oct. 28, 1949, and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John F. Noguera,	M.D	Kingsville, Md.	10.29.49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 31-49	Balto. Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 29-49	C. F. Cuthbert Deputy Local R.	Clarence F. Cuthbert	Fork Md

VS. A15

RECEIVED
NOV 4 1969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09494

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural) | LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton.
STREET ADDRESS (If rural give location) 4 mi. N. of Parkton.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theresa	May	Lentz.	October	27,	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Jan. 4, 1891.	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer.	Canning factory.	Harford Co. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A. Webb.	Ida V. C. C. Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	180-03-8220.	??

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma liver	3 mo.
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46e	(b) Carcinoma of ascending colon	4 yrs.
	(c) Pulmonary	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary tuberculosis.	25 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 1949.	Tumor mass (adeno-carcinoma) ascending colon	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	Home	Stewartstown	Balt.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct., 19 48, to Oct 27 19 49, that I last saw the deceased alive on Oct 27, 19 49, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William A. Fulton, M.D.	Stewartstown	Pa. Oct. 28 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	October 31 1949	Mt. Zion Cemetery	Freeland, Md. R.D.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 28 1949	Charles L. Fulton	Jacob Hartenstein,	New Freedom, Pa.

VS. A15

RECEIVED
NOV 11 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09495

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella; LENGTH OF STAY (In this place) 11yrs. MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella; STREET ADDRESS (If rural give location) Granite Hill

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) N. (Last) LIVELY

4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 8-8-1896

9. AGE last birthday: 53 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Sherman

14. MOTHER'S MAIDEN NAME: Catherine M. Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: James G. Lively, Oella, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia + "Respiratory failure" — 1 hour

157 Antecedent cause(s) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46g (b) —

(c) Carcinoma Pancreas. — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Oella (CITY OR TOWN) Baltimore (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1949 to Oct 7, 1949, that I last saw the deceased alive on Oct 7, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William F. Jassaway M.D. ADDRESS: Ellicott City, Md. DATE SIGNED: 10/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: 10-10-1949 NAME OF CEMETERY OR CREMATORY: Mt. Pleasant LOCATION (City, town, or county) (State): Gamber, Carroll Co, Md.

DATE REC'D BY LOCAL REG. 10-9-49 REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS:

VS. A15

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09496

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? Religious [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Sister Mary Ambrose Lohmiller

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 16, 1866

8. AGE:	Years	Months	Days	If less than one day
	83	5	11	..... hrs. ..... min.

9. Birthplace: Rochester N. Y.
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: John Lohmiller
13. Birthplace: Bavaria

MOTHER
14. Maiden name: Catherine Piehler
15. Birthplace: Bavaria

16. Informant: Sr. Mary Clara

Address: Notch Cliff

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 29/49 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M Fries & Son

Address: 811 N Wolfe St

19. 10/28 1949 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27 1949, at 10.05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7, 1949, to Oct 27 1949 and that I last saw her alive on Oct. 26 1949

Immediate cause of death	DURATION
Myocardial decompensation	6 wks
Due to	
Due to 422.1	
Other conditions: Arteria sclerosis and hypertension 93d	unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M.D. (M. D. or other)

Address Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1959
BUREAU V. S.

09497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4711 Wash Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4711 Washington Blvd
STREET ADDRESS (If rural give location) Halethorpe

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Margaret (Last) Markel
4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov 22, 1860
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY cleaning dying business
11. BIRTHPLACE (State or foreign country) Bedford Co Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Kerr
14. MOTHER'S MAIDEN NAME Katherine Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr John H. Markel (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	3 da
903.0 Antecedent cause(s)	(b) Myocardial Degeneration	4 yrs
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fracture of Rt hip oct 5/45 & out Union	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Halethorpe, (COUNTY) Baltimore (STATE) md
TIME OF INJURY (Month) Oct (Day) 5 (Year) 45 (Hour) a-m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell in her bedroom.

22. I hereby certify that I attended the deceased from Oct, 1947, to Oct 11 1949, that I last saw the deceased alive on Oct 10, 1949 and that death occurred at 9 a-m., from the causes and on the date stated above.

SIGNATURE Dr B B Brumbaugh (Degree or title) ADDRESS 3609 main st Elkridge 27 md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/14/49
NAME OF CEMETERY OR CREMATORY Loudon Park Cem
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct 13-1949
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Charles P. Towell 2427 Edmondson Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH BC 09498

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 94 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1826 Madison Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) HORATIO (Middle) (Last) MATTHEWS

4. DATE OF DEATH (Month) October (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/5/95
9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Asbury Park, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Matthews
14. MOTHER'S MAIDEN NAME Racheal A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 30 yrs

Antecedent cause(s)

002 13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7/21/49, 1949, to 10/23, 1949, that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE W.R. Ellis Jr. (Degree or title) W.R. Ellis, Jr. M.D. F.A.H. ADDRESS Fort Howard, Md. DATE SIGNED 10/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 10-27-49 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 10-24-49 REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave.Balto,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

09499

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 2111 Maryland Avenue

3. NAME OF DECEASED (Type or Print)	(First) HENRY	(Middle)	(Last) McCONAUGHY	4. DATE OF DEATH	(Month) October (Day) 5, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 9-8-75	9. AGE last birthday 74 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker	10b. KIND OF BUSINESS OR INDUSTRY Iron	11. BIRTHPLACE (State or foreign country) Cheynne, Wyoming	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME J. T. McConaughy	14. MOTHER'S MAIDEN NAME Martha Ross				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) SAW	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardiovascular disease, decompensation	2 to 10 yrs.
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerosis, general	Unknown
Steoarthritis, lumbar spine, hips, knees	Unknown
Pterygium, right eye	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 10-1-, 1949, to 10-5-, 1949, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft. Howard, Md.	10-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Oct 7/49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 10-7-49	REGISTRAR'S SIGNATURE L	24. FUNERAL DIRECTOR Howard Blight Funeral Home, 6009 Harford Rd	ADDRESS

Mildred T Blight

(14)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 Weatherbee Road	STREET ADDRESS (If rural, give location) 320 Weatherbee Road.

3. NAME OF DECEASED (Type or Print)	(First) Roderick	(Middle) Roy	(Last) McCulloch	4. DATE OF DEATH	(Month) October (Day) 3, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 23, 1900	9. AGE last birthday 48 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commerical Engineer	10b. KIND OF BUSINESS OR INDUSTRY C&P. Telephone Co	11. BIRTHPLACE (State or foreign country) Waco, Texas	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Champe McCulloch	14. MOTHER'S MAIDEN NAME Mary Gurley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Matilda McCulloch, 320 Weatherbee Road			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 Hrs
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Renal	
	(c) Vascular Disease	6 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Oct 3, 1949, that I last saw the deceased alive on Oct 3, 1949, and that death occurred at 10 10/p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles F O'Donnell	MD	7301 Yorkrd Towson	10/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/6/49	Moreland Memorial Park	Baltimore Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/49	A. W. Hepner	William Cook Inc	1214 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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09501

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 538 S. 46th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 538 S. 46th. St.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) (Last) McDONALD

4. DATE OF DEATH (Month) OCT. (Day) 19 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Nov 2, 1881

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) GLASCO, SCOTLAND

12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME MARGARET —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT ANDREW McDONALD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carbon Monoxide Poisoning —	2-3 hr.
972 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
163 h	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Dundalk (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-19 49 2:00 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Turned gas on w kitchen stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE J. R. Davis MD (Degree or title) Dept Med Examiner ADDRESS Dundalk 22 Md DATE SIGNED 10/19/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF OCT. 21, 1949

NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.

LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. Oct. 19, 1949

REGISTRAR'S SIGNATURE W. M. Kelly Jr.

24. FUNERAL DIRECTOR ROLAND L. FISHER ADDRESS DUNDALK, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 21 1949
BUREAU V. S.

Evidence for addition of #18b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09502

CERTIFICATE OF DEATH

FILM No. G 122 NOV 22 1949

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home in Pines Nursing Home 16 Dusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Balto COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Catonsville~~ Baltimore ✓
STREET ADDRESS (If rural, give location) ~~16 Dusting Ave~~ 2110 Chelsea Terrace

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) G. (Last) Messersmith

4. DATE OF DEATH (Month) Oct (Day) 22nd (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Jan. 1st 1871 | 9. AGE last birthday 78 yrs. | If under 1 year: Months. 9 Days 21 Hours Min. | If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid

10b. KIND OF BUSINESS OR INDUSTRY Nursing Home

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Messersmith

14. MOTHER'S MAIDEN NAME Sarah Barron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Paul Schmink 235 E. Phila. St. York Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility — Interval between onset and death: 5 years

Antecedent cause(s) 286.6 71
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senility, Emaciation, Vitamin deficiency
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 10/21/49, that I last saw the deceased alive on Oct-11, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Lloyd Jr Simson M.D. Catonsville, Md. 10/24/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10/25/49 | NAME OF CEMETERY OR CREMATORY Green Mount | LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 10-25-49 | REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

09503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh | LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Bird River Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh (Rural)
STREET ADDRESS (If rural give location) 15 Bird River Grove Rd.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) (Last) Miller

4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 11/23/86 | 9. AGE last birthday 62 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Balto. City Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Frank Adelong | 14. MOTHER'S MAIDEN NAME Ada Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Benjamin F. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Edema & Broncho Pneumania	5 days
416 930 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Rheumatic C.V.D.	20 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1947 to 10/7, 1949 that I last saw the deceased alive on 10/7, 1949, and that death occurred at 7.30 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
J. Karl Grossman | M. D. | 1212 N. Patterson Park Ave

23. BURIAL, CREMATION REMOVAL. (Specify) Burial | DATE THEREOF 10/10/49 | NAME OF CEMETERY OR CREMATORY Moreland Memorial Park | LOCATION (City, town, or county) Balto. Co. | (State) Md.

DATE REC'D BY LOCAL REG. October 8th 1949 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd.

Dr. Grossman
1212 N. Patterson Park Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN HAMMIL MILSTEAD

2. DATE OF DEATH: October 5, 1949

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland (Catonsville)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville Canvalescent Home Edmondson Ave. & Ingleside
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2229 Guilford Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	May 12, 1857	92 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Savage, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm. S. Milstead
14. MOTHER'S MAIDEN NAME: Mary Jane MacCartnay
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs. Anne B. Starr ADDRESS: 1523 Ellamont St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO
450.0 ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 28 19 49, *to* 5 Sept, 19 49, *that I last saw the deceased alive on* 4 Sept., 19 49 *and that death occurred at* 8 00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Maguire M. D.
23B. ADDRESS: Catonsville 28
23C. DATE SIGNED: 10-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/8/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 10/6/49
REGISTRAR'S SIGNATURE: A. W. Mack
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

09505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6007 Gwynn Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6007 Gwynn Oak Ave.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ABBOTT (Last) MOORE
4. DATE OF DEATH (Month) Oct. (Day) 8, (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 11, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secty.& Treas.
10b. KIND OF BUSINESS OR INDUSTRY New Era Elevator Machine Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George C. Moore, Sr.
14. MOTHER'S MAIDEN NAME Mary Brindell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-5987
17. INFORMANT Mrs. Clara B. Moore - 6007 Gwynn Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Heart Disease	years
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
134 a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Calculi Renal — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 -, 1947, to Oct 8, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE J Mendelis (Degree or title) MD ADDRESS 651 N Bentalou St DATE SIGNED 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/11/49
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE REC'D BY LOCAL REG. 10/11/49
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09506

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacksonville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1608 Waldo St

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Jackson alis WILLIAM (Last) Moore
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single
8. DATE OF BIRTH: Mar. 6-1927
9. AGE last birthday: 22 yrs. | If under 1 year: Months 7 Days 8 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: Robert Moore
14. MOTHER'S MAIDEN NAME: Carrie Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Robert Moore 1608 Waldo St-Balto

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Fracture skull and neck Sudden	10/15/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Auto accident ..	10/15/49
(c)		

825.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway | (CITY OR TOWN) Jarrettsville Pike, Jacksonville (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 10 (Year) 1949 (Hour) 3¾ p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto Accident, Passenger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Rollin C. Hudson M.D. DME. Towson, Md 10/15/1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-20-49 | NAME OF CEMETERY OR CREMATORY Mt. Calvary | LOCATION (City, town, or county) A.A. Co. (State) Md

DATE REC'D BY LOCAL REG. 10/18/49 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR Byron & Mamie Wright ADDRESS 72 Augusta Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

09507

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josephine	Howard	Moreton	10	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	white	widowed	9-28-1856	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
nurse	home	Cockeysville, Md.	USA

13. FATHER'S NAME: Garrett Howard

14. MOTHER'S MAIDEN NAME: Susan Cahoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Pearl Howard, Cockeysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis -	3yrs -
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At wnrk ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1948, to 10/16, 1949, that I last saw the deceased alive on 10/14, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer C. Ensor	M.D.	Cockeysville Md	10/17/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-19-49	Poplar Grove Methodist	Cockeysville, Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-18-49	Wilmer C. Ensor	Jandon M. Brooks	Sparks, Md.

RECEIVED
OCT 19 1949
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09508

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6802 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 6802 Beech Ave

3. NAME OF DECEASED (Type or Print) (First) Wilhelmina (Middle) F. (Last) Muller

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH June 27th 1865 | 9. AGE last birthday 84 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Fischle | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Chas. L. Muller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death 20 yrs.

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1948, to Oct. 8, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 10 PM. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam Harris, M.D. 6232 Belair Rd. Oct. 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 10/11/49 | NAME OF CEMETERY OR CREMATORY Northwood Cemetery | LOCATION (City, town, or county) (State) Phila. Pa.

DATE REC'D BY LOCAL REG. Oct 9-'49 | REGISTRAR'S SIGNATURE Mrs. C. L. Reifsnider

24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd.

RECEIVED
OCT 11 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09509

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 Ingleside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 111 Ingleside Ave

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) ROBERT (Last) MURPHY

4. DATE OF DEATH: (Month) Oct (Day) 29th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/8/1906

9. AGE last birthday: 43 yrs. If under 1 year: Months 7, Days 21. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Representative

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Edward Murphy

14. MOTHER'S MAIDEN NAME: Loretta Edenbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 300-01-8237

17. INFORMANT: Mrs. Mary A. Murphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 day

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1949, to Oct 29, 1949, that I last saw the deceased alive on Oct 29, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: A. S. Von Schweyen (Degree or title) ADDRESS: 4818 Edmondson Ave DATE SIGNED: 10/31/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11/1/49 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 10/31/49 | REGISTRAR'S SIGNATURE: V. E. Farrar

24. FUNERAL DIRECTOR ADDRESS: Easton Sons - Catonsville Md.

RECEIVED
NOV 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09510

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville
STREET ADDRESS (If rural, give location) Valley Road

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) Josephine (Last) Nengel

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Schuebel

14. MOTHER'S MAIDEN NAME: Caroline Herpick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Henry F. Nengel - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — Oct 15 1949

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension with Nephritis — Oct 15 1948

(c)

446
1310

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 19 48, to Oct 15, 19 49, that I last saw the deceased alive on Oct 15, 19 49, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. A. Lally MD 3517 Edmondson Ave Oct 22 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct. 24, 1949
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10-25-49
REGISTRAR'S SIGNATURE: Dr E. E. Nichols Per md
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09511

CERTIFICATE OF DEATH

Reg. Diat. No. 42

1. PLACE OF DEATH:
County: BALTIMORE
City or town: BALTIMORE HIGHLANDS
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
2818 MICHIGAN AVE
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: BALTIMORE
City or town: BALTIMORE HIGHLANDS
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2818 MICHIGAN AVE
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: JOSEPH MICHAEL O'CONNELL

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of ~~husband~~ or wife: ANNA M (LOTZ)
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MAY 12, 1868

8. AGE: Years	Months	Days	If less than one day
81	5	12	hrs. min.

9. Birthplace: MARYLAND (Town, county, and state)
10. Usual occupation: RETIRED FOREMAN
11. Industry or business: B+O.R.R

FATHER
12. Name: MICHAEL O'CONNELL
13. Birthplace: —

MOTHER
14. Maiden name: MARY MURPHY
15. Birthplace: —

18. Informant: MRS ANNA M O'CONNELL
Address: 2818 MICHIGAN AVE

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: OCT 22 '49 (month) (day) (year)
Cemetery or crematory: NEW CATHEDRAL
Location: BALTIMORE, MD
18. Funeral director: HARRY H WITZKE
Address: 414 EDMONDSON AVE
19. OCT 26 19 49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: OCT. 24 1949 at 12 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 1 — 19 49 to OCT 24 19 49
and that I last saw him alive on OCT 24 19 49

Immediate cause of death	DURATION
Cerebral Thrombosis	2 days
Due to: Arteriosclerotic C.V.D.	2 years
Due to: 422.1	
Other conditions: 93d.	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Schofield M. D. or other
Address: 7301 Arnold Rd Date signed: 10/26/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
OCT 23 1940
BUREAU V. S.

09512

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6822 Dunbar Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6822 Dunbar Road

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Oechsler (Last)
4. DATE OF DEATH (Month) October (Day) 21 (Year) 1949
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Dec. 1, 1880
9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chester, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Hanna
14. MOTHER'S MAIDEN NAME Elizabeth McBride
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John M. Oechsler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 hrs —

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V-Renal Disease — 10 yrs —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, ~~19~~, to Oct 21, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 7:29 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M G Davis MD Dept. Mal. Gen. - Dundalk - 22 Hrs 10/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 24, 1949
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Baltimore Co., Md.
DATE REC'D BY LOCAL REG. Oct. 24, 1949.
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR ADDRESS Roland L. Fisher, Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1949
BUREAU V. S.

09513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Towson,~~ Lansdowne
STREET ADDRESS (If rural, give location) ~~Presbyterian Home~~ 419 Second Ave

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Virginia (Last) Osborn

4. DATE OF DEATH: (Month) Oct. (Day) 18, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 24, 1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore-Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Osborn

14. MOTHER'S MAIDEN NAME: Mary Louisa Zeel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. T. E. Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — sudden

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1860 (b) Arteriosclerotic Heart disease — unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip — 3 days.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 19 49, to Oct 17, 19 49, that I last saw the deceased alive on Oct 17, 19 49, and that death occurred at 3 A.i. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M. D. Lansdowne Md. 10/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 20, 1949 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Fred. Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 10/19/49 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: John O. Mitchell Sons — ADDRESS: 1900 Eutaw Place

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH PSC 09514

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home Paradise & Altamont Ates.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 752 Linnard St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) MAY (Last) OSBORNE
4. DATE OF DEATH (Month) Oct. (Day) 12, (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Dec. 10, 1875
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Mother
10b. KIND OF BUSINESS OR INDUSTRY College
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wilson
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mr. Charles J. Osborne - 752 Linnard St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 days.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocardial disease	10 mths.
93d	(c) arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Transudate in pleural cavity ~~24~~ Mar 1949

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 10/12, 1949, that I last saw the deceased alive on 10/12, 1949, and that death occurred at 2.45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Damian P. Alogia ADDRESS 3326 Fredrick Ave Balto Md DATE SIGNED 10/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/15/49
NAME OF CEMETERY OR CREMATORY Lorraine Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE REC'D BY LOCAL REG. 10-14-49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - RANDALLSTOWN
LENGTH OF STAY (in this place) ONE YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS McDONOUGH Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL RANDALLSTOWN
STREET ADDRESS (If rural give location) McDONOUGH Rd.

3. NAME OF DECEASED (Type or Print) (First) MILLIE (Middle) H. (Last) OWINGS
4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 25 DEC. 1860
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES FREDERICK HAYES
14. MOTHER'S MAIDEN NAME LOUISE BERWEAGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT MRS. GERTRUDE GROOMS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
500 Immediate cause	(a) HEART FAILURE	ONE DAY
106a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ACUTE BRONCHITIS	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST 2, 1949, to OCT 21, 1949, that I last saw the deceased alive on OCT. 19, 1949, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin L. Pierpont, M.D.
ADDRESS 8027 LIBERTY Rd., BALTO 7, Md.
DATE SIGNED OCT 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 24/1949
NAME OF CEMETERY OR CREMATORY Mt Olive
LOCATION (City, town, or county) (State) Randallstown Md

DATE REC'D BY LOCAL REG. 10-24-49
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Harry H. Ahmeard
ADDRESS 4204 Hedgewood Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 09516

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 33 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 300 S. Katherine St. ✓

3. NAME OF DECEASED (Type or Print): (First) ~~Patt~~ Louise (Middle) T. (Last) Patt

4. DATE OF DEATH: (Month) 10/ (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/23/1863

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Wendland

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Files of SGSH Catonsville, 28. Md/

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — Interval Between Onset and Death: undetermine

153 Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Bowel (suspected)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct. 20, 1916, to Oct. 9, 1949, that I last saw the deceased alive on Oct. 9, 1949, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M.D. ADDRESS Spring Grove State Hospt. DATE SIGNED 10/9/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 10/12/49; NAME OF CEMETERY OR CREMATORY: Western Cem.; LOCATION (City, town, or county) (State): Balto., Md.

DATE RECD BY LOCAL REG. 10/10/49; REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS; ADDRESS: Balto., Md.

VS. A15

09517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 5514 Carville Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No.: 5514 Carville Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Henry Rehling

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Tillie H. Rehling

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 27, 1871

8. AGE: 78 Years | 2 Months | 11 Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: S. & N. Katz

FATHER
12. Name: Henry Rehling
13. Birthplace: ---

MOTHER
14. Maiden name: Barbara---
15. Birthplace: ----

16. Informant: Mrs. Tillie Rehling
Address: 5514 Carville Ave.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Oct. 11/49 (month) (day) (year)

Cemetery or crematory: Western

Location: Edmondson Ave. & Longwood St. Balto. Md.

18. Funeral director: Harry H. Wirtzfeld
Address: 4101 Edmondson Ave.

19. 10/10 49 (Date rec'd by registrar) L Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 8, 1949, at 1.20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to Oct 8 1949 and that I last saw him alive on Oct 6 - 1949

Immediate cause of death: Probably Coronary Embolism Sudden death -

Due to: Arteriosclerosis -

Due to:

Other conditions: 420.1 94 a (Include pregnancy within 3 months of death)

DURATION: 1 - 4 Months + years

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frederick J. Baker M. D. or other

Address: 723 Medical Arts Bldg - Bmo Date signed: 10-9-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

MARYLAND STATE DEPARTMENT OF HEALTH

09518

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE 8 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (In this place) ---
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NEW YORK COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Auburn
STREET ADDRESS (If rural, give location) 47 Park Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	L.	RIORDAN	October	1,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		Jan 3-1904	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant Marine		New York	

13. FATHER'S NAME Michael Riordan
14. MOTHER'S MAIDEN NAME Margaret Dugford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	567-07-3881	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia - Drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public	(CITY OR TOWN) (COUNTY) (STATE) Between foot of Broadway and Anchorage #7
TIME (Month) (Day) (Year) (Hour) OF INJURY 9-25-49 Approx. 4-5 p. m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Fell from taxi boat owned by Atlas Boat Co.

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Russell S Fisher	MD	700 Fleet ST, Baltimore	Oct 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Oct. 2-1949	Burial	New York	New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 5, 1949	A. W. Hedrick	John S. Connelly	418 Eastern Ave Belle Air Md

VS. A15A

RECEIVED
OCT 6 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09519

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Parkville; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3027 Lenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3027 Lenwood Ave

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Isabella (Last) Robinson

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 7-1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Wesley Kelly

14. MOTHER'S MAIDEN NAME: Anna Maria Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mr Millard Robenson -3027 Lenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Carcinoma of Rectum — Interval Between Onset and Death: 1 year

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 12, 149

19b. MAJOR FINDINGS OF OPERATION: carcinoma of Rectum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1948 to Oct 26, 1949 that I last saw the deceased alive on Oct 26, 1949, and that death occurred at 3 05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Dawson M.D. ADDRESS 4808 Harford Rd. DATE SIGNED 10/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/29/49

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 10/27/49

REGISTRAR'S SIGNATURE D. W. Hedrick Jr.

24. FUNERAL DIRECTOR Conrad J. Keck ADDRESS 5305 Harford Rd

09520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Paradise Nursing Home, Paradise Ave. & Altamont Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6608 Altamont Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Edward W. Rosensteel

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Lettie B. Rosensteel
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Nov. 22, 1866

8. AGE: Years 82 | Months 10 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace: Penna. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Rosensteel
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Sarah E. McNicol, (daughter)
Address: 6608 Altamont Ave. Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 19/49 (month) (day) (year)
Cemetery or crematory: Lorraine Park
Location: Woodlawn, Md.

18. Funeral director: Harry H. Nitzke
Address: 4101 Edmondson Ave.

19. 10-18 49 (Date rec'd by registrar) L ✓ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 16/49 19 ... at 1.40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 47, to 16 Oct 19 49 and that I last saw h. 1 hr alive on 16 October 19 49

Immediate cause of death	DURATION
Coronary occlusion	12 hrs
Due to: Arteriosclerotic cardiovascular disease, severe	5 yrs +
Due to	
Other conditions: 420.1 (Include pregnancy within 3 months of death) 93d	

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: John A. Nesbitt Jr. M. D. or other
Address: 20 E. Preston St - Balt 2 Date signed: 18 Oct 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Evidence for addition of 5, 6, 7, 10a, & 10b shown on: FILM No. G 1 2 NOV 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10215

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Falls | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Falls
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Elting (Last) Rumsey

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Mar 23 1866 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B Rumsey

14. MOTHER'S MAIDEN NAME: Frances E Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Albert Ellison Rumsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — 1 yr.

136 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease. Fractured R. hip (1946) — 3 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1936, to Oct 4, 1949, that I last saw the deceased alive on Oct 3, 1949, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Gifford F. Hudson MD. Fork Md 10/4/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 6 1949 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) (State) Irvington Balto Co Md

DATE REC'D BY LOCAL REG. Oct 4-49 | REGISTRAR'S SIGNATURE C. E. Arthur D. Ford

24. FUNERAL DIRECTOR | ADDRESS Henry W. Jenkins & Sons Co 4905 York Rd

VS. A15

RECEIVED
JUN 17 1993
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH 09521

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 15 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible] Street; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2311 Rosedale Street ✓

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Benjamin (Last) Sheppard

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 14, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Elkridge, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilmer Benjamin

14. MOTHER'S MAIDEN NAME: Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: --------

17. INFORMANT: Mrs. Lowse Chassin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Oct 8, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE James H Howell (Degree or title) ADDRESS Dalton ville DATE SIGNED 10/9

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE 10/11/49 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 10-10-49 | REGISTRAR'S SIGNATURE: A. W. Aldrich | 24. FUNERAL DIRECTOR: Wm Cook Inc. | ADDRESS: 1217 St. Paul St.

VS. A15

09522

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Old Court Road Pikesville Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural give location) Old Court Road, Pikesville.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) MAYER (Last) Shriver
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: June 9 1893
9. AGE last birthday: 54 yrs. | If under 1 year: Months 9 Days 23 | If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Manager
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Geo. M. Shriver
14. MOTHER'S MAIDEN NAME: Elizabeth M. Chunn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. | (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.
17. INFORMANT: Ruth L. F. Shriver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - sclerosis.	8 years.
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1941, to Oct 2, 1949 that I last saw the deceased alive on June, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Palmer H. Williams M.D. Pikesville 8. Md.

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Oct 4. 49 | Forrest Cemetery | Franklintown Balto Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

10/3/49 | A W. Hedrick | John D. Mitchell & Sons 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH RC 09523

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) since Jan12,38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2600 Violet Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) SHUMAN
4. DATE OF DEATH: (Mooth) October (Day) 11 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 14, 1896
9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Max Shuman
14. MOTHER'S MAIDEN NAME: Kate ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal pneumonia (left lower lobe)	2 days
756.2 Antecedent cause(s)	(b) intestinal obstruction (operated Sept. 14, 1949)	recurrent
81e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Megacolon; Spastic paralysis from birth injury	life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 14, 1949
19b. MAJOR FINDINGS OF OPERATION: Megacolon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Oct. 11, 1949, that I last saw the deceased alive on Oct. 11, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Abraham M. Schneidmuhl M.D.
ADDRESS Spring Grove Hospital
DATE SIGNED Oct. 11, 1949

Abraham M. Schneidmuhl, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 10/12/49
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REG. 10/11/49
REGISTRAR'S SIGNATURE: V. E. Harvey

24. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1124 W North Ave

RECEIVED
OCT 13 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH pc 09524

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 2 yrs 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 3342 Strickland St

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Virginia (Last) Smith
4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1949
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 14, 1875
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: — Albright
14. MOTHER'S MAIDEN NAME: Aletha Fishpaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Mr. Paul Smith (son) 3342 Strickland St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure, Acute — 12 hours

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Diseäse — years

93d

(c) Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1947, to October 8, 1949, that I last saw the deceased alive on October 8, 1949, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk (Degree or title) — ADDRESS: Spring Grove State Hospital — DATE SIGNED: Oct. 8, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/11/49 — NAME OF CEMETERY OR CREMATORY: Jessop M. E. Cem. — LOCATION (City, town, or county): Cockeysville Md (State)

DATE REC'D BY LOCAL REG.: 10-10-49 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Koff Co. B. M. Walters — ADDRESS: Pratt & Stricker Sts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH BC 09525

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 4 Hrs. 50 Mins.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 928 Madison Ave.,

3. NAME OF DECEASED (Type or Print)	(First) BEECHER	(Middle) H.	(Last) SMITH	4. DATE OF DEATH	(Month) October (Day) 23, (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-13-17	9. AGE last birthday 32 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY National Paving Co.	11. BIRTHPLACE (State or foreign country) Beaufort, N. C.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jacob R. Smith	14. MOTHER'S MAIDEN NAME Susan George				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-2	16. SOCIAL SECURITY NO. 218-14-9849	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia,	1 day
490 Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fatty and enlarged liver	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 10-23-49, 19, to 10-23-49, 19, ~~that I last saw the deceased alive on~~ ~~19~~ ~~and that~~ death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft. Howard, Md.	10-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal Burial	10-27-49		North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-24-49	A.W. Hedrick	Charles R. Law, Balto., Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09526

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 716 Stoneleigh Road COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 716 Stoneleigh Road

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) A, (Last) Smith

4. DATE OF DEATH: (Month) Oct (Day) 18. (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 28. 1860

9. AGE last birthday: 89 yrs.
If under 1 year: Months 3 Days 20
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): London

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward W. Warren

14. MOTHER'S MAIDEN NAME: Ellen Muundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Olive C. Welch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

585 Immediate cause (a) old age — 1 mo.

127a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (1) Chronic cholecystitis (2) Diarrhoea } 1 mo

(c) (3) Anorexia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Oct 18th, 1949, that I last saw the deceased alive on Oct 18, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. B. Ensor M.D. ADDRESS 7201 York Rd. DATE SIGNED 10-19-49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF Oct 22.1949

NAME OF CEMETERY OR CREMATORY Hillside Rutherford Cemetery

LOCATION (City, town, or county) (State) Rutherford N.J.

DATE REC'D BY LOCAL REG. 10/19/49

REGISTRAR'S SIGNATURE W. Carroll Ensor M.D. 7201 York Road

24. FUNERAL DIRECTOR John D. Mitchell Sons 1900 Eutaw Place ADDRESS

VS. A15

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U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09527

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural) — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Western Run Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks.
STREET ADDRESS (If rural, give location) Western Run. Bal (Rural)

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) Eleanor (Last) Smith

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7-20-1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home life.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mountlow Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Cromwell

14. MOTHER'S MAIDEN NAME: Julia Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) no

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: James Isaac Smith, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	3 hrs.
331 Antecedent cause(s)		
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhage	
	(c) Hypertension - essential	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Oct, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Elizabeth B. Schnill, M.d. — Cockeysville, Md — Oct 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 2, 1949 — NAME OF CEMETERY OR CREMATORY: Stevensons — LOCATION (City, town, or county) (State): Sparks Maryland

DATE REC'D BY LOCAL REG.: Nov. 1-49 — REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR — ADDRESS: Landon M. Brooks, Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

09528

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltemore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonesville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH: 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Isaac Smith

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: ?

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Renal Disease — ?

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1949 to 10-29-, 1949, that I last saw the deceased alive on 10-29-, 1949 and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: C. F. Maloney M.D. (Degree or title): MD ADDRESS: 52 Winters Lane. Catonsville DATE SIGNED: 10-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Interment — DATE THEREOF: 11/1/49 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary — LOCATION (City, town, or county): A.A. Co., Md. (State)

DATE REC'D BY LOCAL REG.: 11/1/49 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: A. Halstead — ADDRESS: 918 Druid Hill Ave.

VS. A15

09529

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore,

City or town: Anneslie
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore,

City or town: Anneslie,
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 723 Dunkirk Road,
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Katherine A. Smith

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widow

6.(b) Name of husband or wife: Edward E. Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1857

8. AGE: Years	Months	Days	If less than one day
92	1	18	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: at home

FATHER
12. Name: Owen Mulligan,
13. Birthplace: Ireland

MOTHER
14. Maiden name: ? Gibbons
15. Birthplace: Ireland

16. Informant: Mrs. Didley M. Bright,
Address: 723 Dunkirk Road.

17. burial (Burial, cremation, or removal. Which?) Date thereof: 10/24/49 (month) (day) (year)

Cemetery or crematory: Greenmount Cem.

Location: Baltimore, Md.

18. Funeral director: C. Vernon Lemmon

Address: 4611 Park Heights Ave. Balto. Md.

19. Oct. 22nd 1949 (Date rec'd by registrar) Registrar: Sw Heduck R.W.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21, 1949 19..., at 2:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1946, to 10/20 1949 and that I last saw her alive on 10/20 1949

Immediate cause of death	DURATION
Myocardial Degeneration	2 yrs
Due to Arteriosclerosis	15 yrs
Due to	
Other conditions	

4221
93d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Charles F. O'Donnell M.D.
M. D. or other

Address: 7301 York Road. Towson, Date signed: 10/21/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09530

CERTIFICATE OF DEATH

Reg. Dist. No. KX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 837 Cross Street

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) (Last) SOAPER

4. DATE OF DEATH (Month) October (Day) 21, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8-4-94

9. AGE last birthday 55 yrs. If under 1 Year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Soaper

14. MOTHER'S MAIDEN NAME Lou Algin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm. Hospital,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia due to undetermined cause — 4 Days

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease with myocardial Insufficiency — 3 Months

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardio-renal disease — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 10-13-, 1949, to 10-21-, 1949, ~~that I last saw the deceased alive on~~ ~~, 19~~ ~~and that~~ death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh H.C. MANAUGH, M.D. (Degree or title) Chief Pro.Ser. ADDRESS VAH, Ft.Howard, Md. DATE SIGNED 10-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Oct 24, 1949 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 10-24-49 REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS 6009 Harford Rd

(14)

09531

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Balto.

City or town: Bare Hills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: ?

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Bare Hills
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Falls Rd at Pimlico.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Arthur A. Sparwasser.

3. (b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 7, 1883

8. AGE: Years	Months	Days	If less than one day
66			..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Fish Collector.

11. Industry or business: Balto Co.

FATHER
12. Name: —
13. Birthplace: —

MOTHER
14. Maiden name: —
15. Birthplace: —

16. Informant: Edward O. Sparwasser.
Address: 5700 Newbury St.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 31, 1949
(month) (day) (year)

Cemetery or crematory: Druid Ridge.

Location: Pikesville

18. Funeral director: Paul E. Chenoweth Jr.
Address: 3615-17 Chestnut Ave.

19. 10/31 1949 (Date rec'd by registrar) A. W. Hedrick Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 27, 1949 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 19..... to Oct 27 1949 and that I last saw him alive on Oct 26 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Coronary Artery Disease	
Due to 420.1	
Other conditions 94a	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Edward L. Glassman, M.D.
M. D. or other

Address: 4017 Falls Rd. Date signed: 10/28/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH BC 09532

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4! 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Baltimore · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville Rte Cockeysville Md · LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5401 Purdue Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) Anthony (Last) Sperandeo
4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Wh.		Sept. 1943	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore. Md
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Samuel
14. MOTHER'S MAIDEN NAME Redman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT MARION Sperandeo

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning —

929.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

183 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rte Cockeysville Md (CITY OR TOWN) Fox Carney Island (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) Oct (Day) 1 (Year) 1949 (Hour) 4 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Fell from Motor Boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. W. Davis M.D. Dept. Med. Examiner Sunday 23-10-1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. — DATE THEREOF 10-10-1949 — NAME OF CEMETERY OR CREMATORY New Cathedral. — LOCATION (City, town, or county) (State) frederick Rd.

DATE REC'D BY LOCAL REG. 10-10-49 — REGISTRAR'S SIGNATURE A. C. W. Selecki — 24. FUNERAL DIRECTOR Lambros Inc — ADDRESS 458-E. North Ave

VS. A15A

09533

MARYLAND STATE DEPARTMENT OF HEALTH BC

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41 ?

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk Ave - M. Carroll Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5401 Purdue Ave ✓

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) J (Last) Sperandeo
4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 14 1910
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sicily
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT MARION. Sperandeo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY North Dundalk Ave
(CITY OR TOWN) M. Carroll Island (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Oct (Day) 1 (Year) 1949 (Hour) 4 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Jumped into river to rescue son.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dept Med. Examiner - Dundalk Ave ADDRESS DATE SIGNED 10/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-10-1949
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) frederick Rd (State)

DATE REC'D BY LOCAL REG. 10-10-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Lambros Inc 438 E. North Ave ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for additional inf. on Cause of Death on Film #G122.

CERTIFICATE OF DEATH

Registered No. 2

1. NAME OF DECEASED (Type or Print): MARY M. SPILKER

2. DATE OF DEATH: October 17, 1949

3. PLACE OF DEATH: A. ~~Baltimore City~~, Maryland - WOODLAWN, BALTO. CO.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOLDER AVE.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodlawn
D. STREET ADDRESS (If rural, give location): Holder Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: July 7, 1912
9. AGE (In years last birthday): 37
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): BALTIMORE, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANTONIO DALFONZO
14. MOTHER'S MAIDEN NAME: GRACE LAMARTINA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): V
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: VINCENT DALFONZO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute barbiturate poisoning

DUE TO (11-18-49 -ams)

970.2 ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

163B

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Holder Ave., Woodlawn, Maryland
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: 10-16-49 m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingestion of sleeping pills (seconal)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 10-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/20/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Harry A Owings
25. FUNERAL DIRECTOR ADDRESS: Mac Nabb & Son Catonsville 28 Md.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09535

Reg. Dist. No. 42

1. PLACE OF DEATH:
County Baltimore
City or town Arbutus
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
1256 Maple Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Arbutus
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1256 Maple Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George F. Stenner

3.(b) Social Security Number: 213 14 2276

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1917

8. AGE: Years	Months	Days	If less than one day
32	9	20	..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Clerical
11. Industry or business

FATHER
12. Name John E. Stenner
13. Birthplace ----

MOTHER
14. Maiden name Eleanora Musgiller
15. Birthplace ----

16. Informant Henry E. Stenner, (brother)
Address 1256 Maple Ave. Arbutus

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29/49 (month) (day) (year)
Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.
19. Funeral director Harry L. Nichta
Address 4101 Edmondson Ave.

19. Oct 29 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1949 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1938 to Oct 26 1949 and that I last saw him alive on Oct 26 1949

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1938
Due to	
Due to	
Other conditions	

002
13b
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M Jacobson M.D.
M. D. or other
Address 2310 Eutaw Place Date signed 10-27-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09536

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3526 Meadowside Road	STREET ADDRESS (If rural give location) 3526 Meadowside Road

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Elizabeth	(Last) Terry	4. DATE OF DEATH	(Month) ~~April~~ Oct. (Day) 29th (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan.16 1864	9. AGE last birthday 85 years yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jesse R. Thatcher	14. MOTHER'S MAIDEN NAME Matilda Ann Daniels				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Elizabeth M. Terry			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Carcinoma of liver — 6 months

46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Arterio-Sclerotic Heart Disease — 5 yrs.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1945, to ~~April~~ October 29, 1949, that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 11.15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
- Earl L. Chambers	M.D.	4108 Liberty Hts.	Balto. 7 - Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 2nd 1949	Woodlawn Cemetery	Woodlawn, Balto. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/2/49	A. W. Hedrick	Willis Lamoreau	4510 Liberty Heights Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09537

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3163 Bayberry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) (Last) Tomak.
4. DATE OF DEATH (Month) October (Day) 2 (Year) 1949
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.
8. DATE OF BIRTH Aug 14/1949
9. AGE last birthday 7 wks. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Aug 14, 1949 Balto. City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lewis Lyons.
14. MOTHER'S MAIDEN NAME Betty Ann Tomak.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Betty Ann Tomak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

921.0 Immediate cause (a) Strangulation & suffocation. Immediate

195d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Insufflation of Vomitus.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Dundalk (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) 10 (Day) 2 (Year) 1949 (Hour) 5 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Vomited after feeding.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McLarmine, (Degree or title) MD. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 10/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 3, 1949
NAME OF CEMETERY OR CREMATORY First United Evang. Church Cem.
LOCATION (City, town, or county) Baltimore, (State) Md.
DATE REC'D BY LOCAL REG. Oct 3, 1949.
REGISTRAR'S SIGNATURE N. M. Kelly J.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 4 1949
BUREAU V. S.

09538

MARYLAND STATE DEPARTMENT OF HEALTH BC

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacksonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 414 N. Bond St

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) (Last) Trusty
4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1949
5. SEX m
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Nov. 11-1928
9. AGE last birthday 20 yrs. If under 1 year Months 11 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Butter Store
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Trusty
14. MOTHER'S MAIDEN NAME Sarah Bouldin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah Trusty - 414 N. Bond St. - Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull, crushing injury; sudden	Oct 15, 1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto Accident	Oct 15, 1949
	(c)	

825.5
1700

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway Jarrettsville Pike (CITY OR TOWN) Jacksonville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Oct (Day) 15 (Year) 1949 (Hour) 3:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident, Passenger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) Ms. DME. ADDRESS Towson Md DATE SIGNED 10/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 20-1949
NAME OF CEMETERY OR CREMATORY Mt. Calvary
LOCATION (City, town, or county) A. A. Co. (State) Md
DATE REC'D BY LOCAL REG. 10-17-49
REGISTRAR'S SIGNATURE h
24. FUNERAL DIRECTOR Byron & Mamie W. Wright ADDRESS 721 Arsquith St. - Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 09539

Reg. Dist. No. 44

FILM No. G 12 NOV 23 1949

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard.
LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) L. (Last) VALENTINI

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 5/31/86

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J.

14. MOTHER'S MAIDEN NAME: Belinda Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Clin.Rec.Rets.Adm.Hosp., Ft. Howard, Md.

177

51b

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMATOSIS, Original site never demonstrated, — Interval Between Onset and Death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) although x-ray of bone metastases suggested the

(c) primary site to be the prostate. (11/22/49 as)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At wnrk ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18/49, 19....., to 9/3/49, 19....., that I last saw the deceased alive on 10/2/49, 19....., and that death occurred at 10.47 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C.B. COPE, M.D. C B Cope VAH, Fort Howard, Maryland 10/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/5/49 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/4/49 | REGISTRAR'S SIGNATURE: a.w. Hedrick

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09540

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6405 Gilmore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural give location): 6405 Gilmore Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) LeRoy (Last) Voight

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec. 5, 1936

9. AGE last birthday: 12 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Boy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodlawn, Balto. County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse T. Voight

14. MOTHER'S MAIDEN NAME: Katherine Hearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: 6405 Gilmore Ave. Mr. Jesse T. Voight, Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Cerebellar Tumor Medulloblastoma — Interval Between Onset and Death: 2 yrs.

193 / 54a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 14 1948

19b. MAJOR FINDINGS OF OPERATION: Cerebellar Tumor - Type: Medulloblastoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1949, to Oct 26, 1949, that I last saw the deceased alive on Oct 26, 1949, and that death occurred at 3.40 P m., from the causes and on the date stated above.

SIGNATURE: Joshua H. Armacost (Degree or title) M.D. ADDRESS: 6419 Windsor Mill Rd., Wdln., Md DATE SIGNED: Oct 27 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 29, 1949 — NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 10/28/49 — REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: Wilbur Amore and ADDRESS: 4510 Liberty Hgts Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09541

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherine	Ford	Walker	October	23	1949

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		August 6-1864	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bud Sterling Ford	Emily Ann Hendricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Laura M Schroeder - Matron per Christina P Tipton charge nurse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Decompensation	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
	(c)	

420.1 940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1947, to October, 1949, that I last saw the deceased alive on Oct 22, 1949, and that death occurred at Oct 23 - 5:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Solomon Sherman	M.D.	2424 Eutaw Place Baltimore	md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	10-24-1949	North East Episcopal Cemetery	North East Cecil Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-23-49	Laura M Schroeder - Matron per Christina P. Tipton - Charge nurse	Wm Cook - St Paul at Preston Sts	Balto. Md.

VS. A15

RECEIVED
OCT 25 1949
BUREAU V. S.

Evidence for change o
birth date & age shown on:

FILM No. G 122 OCT 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09542

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ruxton
LENGTH OF STAY (in this place): 7½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ruxton
STREET ADDRESS (If rural, give location): Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Maria (Middle) Elizabeth (Last) Walker

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 7, 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ruxton Md USA.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm. Nelson Lee

14. MOTHER'S MAIDEN NAME: Elizabeth Coale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: (Sister) Mrs. Frances Lee Zink

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, myocarditis, decompensated, Chronic	7 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs +
	(c)	

443
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Unknown

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Oct 21, 1949, that I last saw the deceased alive on Oct 18, 1949, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE: Rollin C. Hudson (Degree or title) — ADDRESS: Towson Md. — DATE SIGNED: 10/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 24-1949 — NAME OF CEMETERY OR CREMATORY: Jones Bros & Co — LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: 10/21/49 — REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: John Bruno Sons — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09543

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 Linwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALTIMORE — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm — STREET ADDRESS (If rural, give location) Jones Creek

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) J. (Last) Walsh

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 5-19-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CITY EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY: CITY GOVT.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN WALSH

14. MOTHER'S MAIDEN NAME: MARGARET KLINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MISS ETHEL ROBERTSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion. — Interval between onset and death: Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 794a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

L. McCarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 27 Md. 10/19/49.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 10/12/49 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK — LOCATION (City, town, or county) (State): FREDERICK ROAD.

DATE REC'D BY LOCAL REG.: 10-21-49 — REGISTRAR'S SIGNATURE: H.O. Hedrick

24. FUNERAL DIRECTOR: JOHN F. DENNY, INC — ADDRESS: 715 LIGHT ST BALTO.-30, MD.

VS. A15A

CERTIFICATE OF DEATH

Registered No. 09544

BIRTH NO.

1. NAME OF DECEASED (Type or print): Robert T. Ward

2. DATE OF DEATH: Oct. 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 706 Stoneleigh Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: ~~none~~ Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 706 Stoneleigh Road

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 15, 1865

9. AGE (In years last birthday): 84 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James R. Ward

14. MOTHER'S MAIDEN NAME: Mary Ann Towson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Ward Bittle — ADDRESS: 706 Stoneleigh Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

DUE TO

420.1 ANTECEDENT CAUSES

(B) General arteriosclerosis — 5 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

94a

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1948, *to* Oct 12, 1949, *that I last saw the deceased alive on* Oct 31, 1949, *and that death occurred at* 1:30 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Hubert F. Phelman M. D.

23B. ADDRESS: 6 E Biddle St

23C. DATE SIGNED: 10/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 10/14/49

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: OCT 12 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D. — B. W. Hedrick

25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.

Malcolm B. Mitchell

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09545

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 723 HOWARD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE
STREET ADDRESS (If rural give location): 123 HOWARD RD.

3. NAME OF DECEASED (Type or Print): (First) August 2 (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: NOV 16 - 1878

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GUS HOLBERG

14. MOTHER'S MAIDEN NAME: JOHANNA LEVI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: MRS. ELSIE LEONHARDT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiorespiratory failure	few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	4 days
	(c) Arteriosclerotic Heart Disease	10 yrs.

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 24 June, 1949, to 30 Oct, 1949, that I last saw the deceased alive on 24 June, 1949, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE: Paul H Royer (Degree or title) MD ADDRESS: Pikesville 8 Md DATE SIGNED: 30 Oct 49

23. BURIAL, CREMATION (REMOVAL) (Specify): DATE THEREOF 10/3/49 NAME OF CEMETERY OR CREMATORY: NORTHWOOD CEM LOCATION (City, town, or county) (State): PHILA. PA

DATE REC'D BY LOCAL REG. 10-3-49 REGISTRAR'S SIGNATURE: L E Mitchell

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St Paul St Balt. 2,

RECEIVED
OCT 6 1949
BUREAU T. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 42 (09546)

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Swing Willis

2. DATE OF DEATH: 10/31/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5155 Viaduct Ave.

C. Length of stay in Baltimore 20 Yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore B. COUNTY: County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Relay
D. STREET ADDRESS (If rural, give location): 5155 Viaduct Ave.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 20, 1881
9. AGE (In years last birthday): 67 — If Under 1 Year: Months 10, Days 11 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): York, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sumner Willis
14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Katherine S. Willis ADDRESS: 5155 Viaduct Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

DUE TO

433.1 ANTECEDENT CAUSES

(B) Auricular fibrillation — 4 days.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

94a

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Previous attack 15 months ago.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1929 *to* Oct 31, 1949, *that I last saw the deceased alive on* Oct 31, 1949, *and that death occurred at* 4:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frederic V. Butler M. D.
23B. ADDRESS: 723 Medical Arts Bldg - B.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/3/49.
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: 11/2/49
REGISTRAR'S SIGNATURE: A. W. Hefrech
25. FUNERAL DIRECTOR: Fred A. Cole ADDRESS: 1913 W. Baltimore St

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

12C 09547

CERTIFICATE OF DEATH

FILM No. G 122 NOV 23 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg, Md.; LENGTH OF STAY (in this place) 3 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Holliday Home Uppercoe, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 833 Eutah Place ✓

3. NAME OF DECEASED (Type or Print): (First) Isabel (Middle) Griffin (Last) Winderly

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 19, 1949 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 16, 1904

9. AGE last birthday: 45 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business School student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orange Co. N.Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Coley Griffin

14. MOTHER'S MAIDEN NAME: Mittie Paterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT: James Griffin, Pittsboro, N.Carolina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Alcoholism (11/22/49 gs) — Interval between onset and death:

322.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

77d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS 700 Fleet St. DATE SIGNED Oct. 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 22, 1949

NAME OF CEMETERY OR CREMATORY: Chapel Hill

LOCATION (City, town, or county) (State): Orange Co. N.Carolina

DATE REC'D BY LOCAL REG.: 10-21-49

REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
OCT 24 1949
BUREAU Y. S.

09548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH· COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3643 Campfield Rd.	STREET ADDRESS (If rural, give location) 3643 Campfield Rd.

3. NAME OF DECEASED (Type or Print)	(First) ESTELLE	(Middle) MARIE	(Last) WOTTHLIE	4. DATE OF DEATH	(Month) Oct.	(Day) 11,	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH Aug. 25, 1884	9. AGE last birthday 65 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Anthony B. Debring	14. MOTHER'S MAIDEN NAME Regina M. Spies						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Mr. R. W. Wotthlie 4504 Groveland Ave.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	1943
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	1941
93d	(c) Arteriosclerosis - generalized	1941

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from January, 1941, to October, 1949, that I last saw the deceased alive on October 4, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Hansen	M.D.	20 E. Preston Street Baltimore 2 Md.	10/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/14/49	NAME OF CEMETERY OR CREMATORY Cathedral Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 10-12-49	REGISTRAR'S SIGNATURE R. W. Hedrick	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Beaumont

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 15 Beaumont.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) Wurtzer
4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6/13/1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Caster
14. MOTHER'S MAIDEN NAME: Lidwina Dentz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Augustus Wurtzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 4 days.

Antecedent cause(s) — 420.1 — 94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility and Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1949, to 10/19, 1949, that I last saw the deceased alive on 10/19, 1949, and that death occurred at 10:55A m., from the causes and on the date stated above.

SIGNATURE: E. R. Williamson (Degree or title) II MD — ADDRESS: 3325 Frederick Ave — DATE SIGNED: 10/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/23/49 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG.: 10/21/49 — REGISTRAR'S SIGNATURE: V. E. Harry — 24. FUNERAL DIRECTOR: Edw. C. Mac Nabb Son — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1929
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09550

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 617 York Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) ZUG
4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: May 1, 1869
9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coin Collector
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Edgar
14. MOTHER'S MAIDEN NAME: Frances Ege

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World #1
16. SOCIAL SECURITY No.: no
17. INFORMANT: Mrs. Frances A. J. Stokes 617 York Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decompensating Cardio Vascular Disease — Interval between onset and death:

593 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marked Atherosclerosis

93d (c) (Glomular) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Oct 23, 1949, that I last saw the deceased alive on Oct 23, 1949, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Laurence C. Tosh M.D. ADDRESS: 6805 York Rd - Baltimore 12, Md DATE SIGNED: 10/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/26/49
NAME OF CEMETERY OR CREMATORY: Holy Trinity
LOCATION (City, town, or county) (State): Collington, Md.

DATE REC'D BY LOCAL REG. 10-25-49
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS. A15